



Brain Injury Association of Canada
Association canadienne des lésés cérébraux

Board of Directors Volunteer Application

PERSONAL INFORMATION:

Date of Application:

Name:

Address:

City: Postal code:

Home Phone:

Business Phone:

Email:

Why are you interested in serving on the board?

Will you be available to regularly attend conference calls (6) and face to face (2) board meetings? Yes No

In addition to board meetings, how many hours per month are you willing to commit?

What means are you willing to contribute to this organization? (Please check all that apply.)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Financially | <input type="checkbox"/> Contacts |
| <input type="checkbox"/> In-Kind Donation | <input type="checkbox"/> Sponsorship |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Advocate |

AREAS OF EXPERTISE AND INTEREST:

As a national organization, BIAC will strive to have representation from both of Canada's official languages and the Aboriginal community and reflect the multicultural diversity of Canada.

Please indicate what sector of the community you wish to represent:

- Public Sector (Elected Official)
- Private Sector (Business, Social Services, Religion, Law Enforcement, Labour, Education, Civil Rights, Industry, Youth)
- Survivor/Caregiver/Family

Please indicate your areas of specialty (finance, human resources, fund-raising, etc.):

Please indicate your level of interest in the following committees:

	STRONG	MODERATE	NONE
Finance and Asset Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personnel and Equal Opportunity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning and Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Relations and Development (Public Relations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
By Laws / Parliamentary/Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other or any Ad Hoc Committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMUNITY ACTIVITIES:

Please list previous board experience.