



11202 – 100 Avenue
High Level AB T0H 1Z0
Ph. 780-841-3241
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info@nwhealthfoundation.ca

Board Application Form

Personal Information

Title: Mrs. ____ Ms. ____ Miss ____ Mr. ____

Given Name: _____ Last Name: _____

Name Used (if different from above): _____

Gender: (M/F) _____ Birthdate: _____ (YYYY/MM/DD)

Home Address: _____

Town: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Employer: _____ Business Phone: _____

Occupation: _____

Interests

Reason for participating on the Northwest Health Foundation Board:

Skills

A description of your skills and interests that will aid the Northwest Health Foundation to achieve its goals and mission:

A brief description of your experience with boards, foundations, or fundraising for not for profit organizations:

References

Please provide the names and addresses of at least two people whom we may contact and who have known you for a minimum of two years:

Name:	Name:
Address:	Address:
Town:	Town:
Postal Code:	Postal Code:
Telephone#:	Telephone#:

- I understand that I will be required to sign a Confidentiality Agreement.
- I understand that under the Protection of Persons in Care Act all volunteers participating in programs under the umbrella of Alberta Health Services must provide a current Criminal Record Check prior to commencing.
- I understand that I will not accept gifts from clients of Alberta Health Services.

Signature

Date