



STEPPING STONES
Crisis Society

APPLICATION FOR APPOINTMENT TO THE BOARD

(To be completed by the nominee, confidential when completed)

Name: _____ Date of Birth: _____

Address: _____

Occupation: _____

Phone: _____ Cell: _____

Email: _____

Briefly describe why you would like to join our Board of Directors:

Please list your current organizational affiliations (names of the organization and your role(s)):

- 1 _____
- 2 _____
- 3 _____
- 4 _____

What would you like to get for yourself out of your participation on the Board? (e.g. what types of experiences, skills to develop, interests to cultivate etc.?)

Which of your skills would you like to utilize on the Board?

- | | | |
|--|---|--|
| ☐ Insurance/Risk Management | ☐ Financial management | ☐ Education/Training |
| ☐ Strategic planning | ☐ Fundraising/Grants/Proposals | ☐ Marketing |
| ☐ Health and Safety | ☐ Evaluation | ☐ Volunteer management |
| ☐ Program development | ☐ Community networking | ☐ Policies and Procedures |
| | ☐ Other _____ | |

Please feel free to offer any additional information or comments in support of your application:

If you are appointed to the Board of Directors, you agree that you can commit to at least 2-4 hours per month to attend Board and/or committee meetings, and that you do not have any conflict of interest in sitting on the Board.

Signature: _____ Date: _____