

BOARD OF DIRECTORS APPLICATION

PLEASE NOTE: Board meetings occur on the	e third Wednesday of each month from 5:30 to 7:30 PM.
Are you available during this time? \Box Yes	□ No
Name:	
Address:	
City:	Province: Postal Code:
Phone:	Email:
BACKGROUND INFORMATION	
Current Employment Status:	
□ Full-Time □ Part-Time □ Retired	Seeking Employment Other:
Employer Name (if employed):	
Years with Current Employer:	Years in Current Field:
Current Occupation:	
What is your professional background?	
What volunteer positions have you held?	
Please list your degrees (including school):	

MISSION ALIGNMENT

How have you interacted with our organization before applying for the board (e.g., committee member, client, donor, event attendee)?



Why is ARBI's mission important to you?

Why do you want to join ARBI's board?

GOVERNANCE

If you have served on a board before, please provide the name, dates of service, the reason for leaving, and contact information for your three most recent board positions:

1	
Contact Name:	_ Phone Number:
2	
Contact Name:	
3	
Contact Name:	_ Phone Number:

Do we have your permission to contact the organizations above to ask about your board service with them?

 \Box Yes \Box No \Box Not Applicable

Each year, every board member is required to disclose any potential conflicts of interest as a board member. Please describe any conflicts of interest you would need to disclose if you joined the board: