



Board of Directors Candidate Application

Please forward completed applications to:
 Nominations Committee
 93 Murchison Lane, Charlottetown, PE, C1A 0G3 902-368-5632 director@hospicepei.ca

Date _____
Name _____
 First Last

Residence
 Address _____

Employer
 Name _____
 Your title _____
 Type of business or organization _____
 Primary service(s) and area/population served _____

Preferred method of contact
 Phone _____
 Email _____

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social) within the past 10 years.

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please identify any potential conflicts of interest you are aware of.

Education/Training/Certificates relevant to this Role

Optional – Have you received any awards or honors that you would like to mention?

How do you feel Hospice PEI would benefit from your involvement on the Board?

Skills, experience and interests (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Policy development |
| <input type="checkbox"/> Personnel, human resources | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Administration, management | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Nonprofit experience | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Policy Governance Model | |

Please tell us anything else you would like to share.

A criminal record check will be required. Are you willing to provide this? Yes No

Please attach a copy of your resume or CV.

Thank you for your interest and support