funding the future.
ALMONTE GENERAL HOSPITAL FAIRVIEW MANOR FOUNDATION

Almonte General Hospital Fairview Manor Foundation

Application for Board of Directors

Please attach resume if you have one.

Name:	

Home Address	Business Address
Address:	Company Name:
	Occupation/Title:
	Address:
City:	City:
Postal Code:	Postal Code:
Phone:	Phone:
E-mail:	E-mail:

BOARD INTEREST: Please outline the reasons for your interest in serving on the Board.

SKILLS AND EXPERTISE: Please identify the specific skills and expertise that you will contribute to the Board.

PREVIOUS FUNDRAISING EXPERIENCE: Please identify previous fundraising experience, if any.

PREVIOUS GOVERNANCE EXPERIENCE: Please identify previous experience as a member of a board of directors, if any.

References: (please supply name, address and phone number)
1.
2.

I authorize the release of my personal information as noted above to the Administrative Office at the Almonte General Hospital Fairview Manor Foundation for the purpose of providing information regarding my application.

Please forward application either electronically or in written form:

Governance and Nominating Chair
Almonte General Hospital Fairview Manor Foundation
75 Spring Street
Almonte, ON K0A 1A0
chmoore@mrha.ca
(613) 256-2500 Ext. 2610

Signature:_____ Date:_____

For Office use only
Date Received by Foundation Office_____ Date Processed:_____