



## Almonte General Hospital/Fairview Manor Foundation Application for Board of Directors

Please attach resume if you have one

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

<b>BOARD INTEREST:</b> Please outline the reasons for your interest in serving on the Board.

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

Name:	
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<b>PREVIOUS FUNDRAISING EXPERIENCE:</b> Please identify previous fundraising experience, if any.

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

<b>References:</b> (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.

I am aware that if I am a successful candidate, I will be required to submit a certified Vulnerable Sector Criminal Reference Check.

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  
[cmoore@agh-fvm.com](mailto:cmoore@agh-fvm.com)  
(613) 256-2514 Ext. 2610

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office use only**

Date Received by Foundation Office \_\_\_\_\_

Date Processed: \_\_\_\_\_