**Application to Serve as a Director**

*The following is to be completed by prospective candidates to serve as agency directors.*

Please provide the following information with respect to wishing to serve on the board of this agency:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone numbers: Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Being a member of Vitanova’s board of directors means:*

* You understand the work of The Vitanova Foundation, including its mission, vision and values;

(To review our mission, vision, values and objectives, visit our website: [www.vitanova.ca](http://www.vitanova.ca))

* You accept to support that work, by exercising jointly, with the other members of the board, governance and oversight of The Vitanova Foundation;
* You will voice your opinions at meetings of the board, and regardless of your views accept and support the decisions made by the board
* You will disclose any potential, perceived or actual conflict between your personal interests and those of The Vitanova Foundation, and having done so, not participate in any discussion or vote on the matter

*As a member of the board of Vitanova, you will:*

* Have full voting rights;
* Be a member of the corporation;
* Receive information about Vitanova in accordance with its by-laws and board-related policies, and treat all such information as confidential;
* Work with others in the community through stakeholder engagement activities; and
* Demonstrate your support of the work of The Vitanova Foundation and its staff.

*Personal Commitment:*

* The board meets eight times a year (Sep, Oct, Nov, Jan, Feb, Mar, Apr, May), generally from 2 to 2 ½ hours, on the fourth Wednesday of those months;
* One board committee meets three times a year, the other only very rarely;
* Board working (or “ad hoc”) groups are struck as the need arises, are generally of short duration, and often gather prior to board meetings (that is, earlier in the same evening)
* A board retreat usually takes place on a Saturday in the autumn, for 3 to 4 hours;
* The annual general meeting (AGM) of the members is late in June, preceded by a meeting of the outgoing board just before the AGM and followed by a meeting of the new board immediately after the AGM. Total time: 1 – 1 ½ hours.

*1. Please indicate why you are interested in serving as a director of The Vitanova Foundation:*

*2. Please indicate what skills and experience would you bring to the board of Vitanova.*(In the spaces provided, indicate the extent of your skills and experience in each of the following areas, based on these values: 3 = extensive skills and/or experience in the area, 2 = fairly good, 1= only just some, 0 = none at all)

\_\_\_\_\_Board Governance \_\_\_\_\_Government Relations \_\_\_\_\_Ethical Practice

\_\_\_\_\_Public Affairs & Administration \_\_\_\_\_Political Service \_\_\_\_\_Legal Knowledge

\_\_\_\_\_Accounting \_\_\_\_\_Human Resources \_\_\_\_\_Labour Relations

\_\_\_\_\_Strategic Planning \_\_\_\_\_Risk Management \_\_\_\_\_Clinical Services

\_\_\_\_\_Information Technology \_\_\_\_\_Health Care Adminis’tn \_\_\_\_\_Health Care Delivery

\_\_\_\_\_Finance/Business Mgmt. \_\_\_\_\_Health Educ/Promotion \_\_\_\_\_Social Services

\_\_\_\_\_Quality/Performance Mgmt. \_\_\_\_\_Patient Advocacy \_\_\_\_\_Local Community

\_\_\_\_\_Construction/Project Mgmt. \_\_\_\_\_Other (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*3. Indicate any not-for-profit board and/or committee experience you have had and for how long:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Organization*  *(e.g., Hospice House)* | *Position(s)*  *(e.g., board member, committee chair)* | *Time Period*  *(e.g., 2016 – 2022)* | *Contact*  *(e.g., John Doe, Board chair)* | *Contact’s Email*  *(e.g.,jdoe@gmail.com)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*4. Diversity, equity and inclusion are key values of The Vitanova Foundation.*

***For that reason, we ask you to complete the following confidential inventory of your own diversities.***

***This is entirely voluntary on your part: you may answer ALL, SOME, or NONE of the questions below.***

Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_How old are you today?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What is your gender?*

\_\_\_\_\_Male \_\_\_\_Female Transgender \_\_\_\_(M to F)\_\_\_\_ (F to M) \_\_\_\_ Non-binary (not solely M or F) Other [please describe]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What population group best describes you?*

\_\_\_\_White \_\_\_\_First Nations/Inuit/Metis \_\_\_\_Asian \_\_\_\_Black \_\_\_\_Middle Eastern \_\_\_\_Latin American

\_\_\_\_Multiple/mixed [please describe]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What is your highest level of education?*

\_\_\_\_No formal schooling \_\_\_\_Some primary school \_\_\_\_Completed primary \_\_\_\_Some secondary

\_\_\_\_Secondary graduate \_\_\_\_Some community college \_\_\_\_\_Completed community college

\_\_\_\_Some university \_\_\_\_Completed university \_\_\_\_Post- graduate university (MA, PhD)

*Which of the following best describes your sexual orientation?*

\_\_\_\_Asexual or non-sexual \_\_\_Bisexual \_\_\_\_Gay \_\_\_\_Heterosexual/straight \_\_\_\_Lesbian

\_\_\_\_Not sure/questioning \_\_\_Queer \_\_\_\_Two-spirited or other indigenous sexual identity

\_\_\_\_Other [please describe]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*What is your marital status?*

\_\_\_\_Married \_\_\_\_Remarried \_\_\_\_Living with someone as married \_\_\_\_Married but living apart

\_\_\_\_Divorced \_\_\_\_Legally separated \_\_\_\_Widowed \_\_\_\_\_Never married/not living as married

*What is your status in terms of religion?*

\_\_\_\_Atheist/agnostic \_\_\_\_Buddhist \_\_\_\_Christian \_\_\_\_Hindu \_\_\_\_Jainism \_\_\_\_Muslim \_\_\_\_Sikh

\_\_\_\_Other [please specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate any disability you may have\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have (or a member of my family has) accessed the following services at Vitanova [*check all that apply*]:

\_\_\_\_day program \_\_\_\_outpatient counselling \_\_\_\_aftercare

\_\_\_\_shelter \_\_\_\_family support group \_\_\_\_virtual service

\_\_\_\_other [specify]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I can commit to the time required and am interested in furthering Vitanova’s mission, vision and values**

**Candidate’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**