

DUNNVILLE NON-PROFIT HOUSING CORPORATION

Board of Directors Application Form

Thank you for your interest in joining the Dunnville Non-Profit Housing Corporation Board of Directors! Please use this form to provide useful information about yourself, to ensure the best match between you and the DNP Board. The following information will be shared with our board members.

Name: _____

Home Phone: _____ Cell number: _____

Email address (required): _____

Address:

Board communication and the distribution of Board reports and other board materials are conducted electronically. Board meetings and other meetings may also be conducted through Web Conferencing (such as Zoom or Teams).

Do you have regular access to a computer or other device from which you are able to access emails and participate in web conferencing?

Yes

No

Briefly describe why you would like to join our Board of Directors:

Your current organizational affiliations (names of the organization and your role(s):

1.

2.

3.

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Staffing / HR | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Facilities management |

Other skill(s) of yours that you would like to utilize?

What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

Please Note: If you are asked to join the Board, you agree that you can provide at least 2-3 hours every other month in attendance to Board meetings, and that you do not have any conflict-of-interest in participating on the DNP Board. *(New board members will be required to sign a conflict of interest declaration)*. You also agree that if you are unable to attend a board meeting that you are required to notify the president or delegate at least 3 days in advance and that if you do not attend 3 meetings in a year you will be asked to resign your position on the board.

By checking the box below you confirm that the information provided herein is true and correct.

Signature: _____

Date: _____