



CITY CENTRE COMMUNITY ASSOCIATION APPLICATION FOR THE BOARD OF DIRECTORS AND COMMITTEES

Mission Statement: We provide inclusive, social, cultural and recreational events, programs and services at welcoming places that build healthy individuals, families and community.

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell: _____

E-mail: _____

Occupation: _____

What is your present involvement in the community? (e.g. arts/recreation activities, committees, volunteering)

Please attach a resume with additional details.

What are your hobbies and interests? _____

AREAS OF INTEREST

Where would you like to participate? (Please select one or more)

- | | |
|--|---|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Program/Special Events Committee |
| <input type="checkbox"/> Fitness Committee | <input type="checkbox"/> Governance Committee |
| <input type="checkbox"/> Finance Committee | <input type="checkbox"/> Marketing & Outreach Committee |
| <input type="checkbox"/> Building/Park Committee | <input type="checkbox"/> Other _____ |

Why do you want to participate at this time? _____

What skills can you contribute to the City Centre Community Association?

- | | |
|---|---|
| <input type="checkbox"/> Financial expertise | <input type="checkbox"/> Strategic planning |
| <input type="checkbox"/> Policy/bylaws development | <input type="checkbox"/> Community development/consultation |
| <input type="checkbox"/> Legal expertise | <input type="checkbox"/> Event planning |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Human resources |
| <input type="checkbox"/> Professional expertise in (please circle): | <input type="checkbox"/> Public speaking |
| - Seniors | <input type="checkbox"/> Multilingual |
| - Vulnerable populations | <input type="checkbox"/> Technology knowledge |
| - Youth | <input type="checkbox"/> Other: _____ |
| - New Immigrants | |

Where did you hear about this volunteer opportunity? _____

DECLARATION

I hereby declare the information given on this application to be true and complete to the best of my knowledge. I, _____, authorize City Centre Community Association to collect personal information concerning my suitability for the CCCA Board of Directors and/or a Board Committee. I understand that I must complete a Police Information Check if I am elected to the Board or to join a Board Committee.

Signature: _____ Date: _____

OFFICE USE ONLY:	
Activity: Board of Directors	Date:
<input type="checkbox"/> Nominated for Director position	
<input type="checkbox"/> Elected at AGM for a 2-year term	
<input type="checkbox"/> Completed CRC	
<input type="checkbox"/> Completed orientation	
Positions held:	
Activity: Board Committees	Date:
Appointed to:	