

Somerset West Community Health Centre Board Member Application

Thank you for your interest in becoming a member of the Somerset West Community Health Centre Board of Directors. Please complete this application, and submit by email to info@swchc.on.ca, or in person at one of program locations. Along with this application, please submit a resume or letter of interest outlining your skills and experience.

Name: _____

Phone: _____

Address: _____

Email: _____

Expertise (Please check any boxes that you have expertise with):

- | | | |
|--|---|---|
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Financial Management | <input type="checkbox"/> Government Relations |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Policy Planning | <input type="checkbox"/> Law |
| <input type="checkbox"/> Research & Evaluation | <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Health & Social Services | <input type="checkbox"/> Human Rights |

Other (Please identify additional areas of expertise): _____

Why do you want to want to become a member of the Somerset West Community Health Centre Board of Directors? _____

What is the best way for us to contact you?

- Phone
- Email
- Letter

