



BOARD OF DIRECTORS EXPRESSION OF INTEREST

PERSONAL INFORMATION

First Name: _____ Last Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone (Day): _____ Telephone (Eve): _____
E-mail: _____
Date: _____
Citizen residing in District: 4 Other _____

Inclusion of appropriate representation of racialized individuals and all other citizens is an objective in the selection of Board members. By voluntarily providing information about yourself you will assist the selection process.

Gender	M	F	Transgender	Non-Binary	Prefer not to say
Indigenous			Racially visible person	Yes	No
Person with disability			Other	_____	

INTEREST

Please describe your interest in serving on the Cole Harbour Place Board of Directors:

To represent the community

To manage and shape the direction of a leading facility

To contribute specific expertise and experience

To participate in lifelong learning

To access networking opportunities

To contribute to career development

To obtain personal fulfillment

To represent a specific area or sector (i.e. sport, art, business, etc.)

Other _____

EXPERIENCE & TIME COMMITMENT

Please check any of the following areas where you have experience or expertise:

Board Governance / Career Experience

Administration, management

Board evaluation

Chairing

Executive roles

Finance, accounting

Fundraising

Grant writing

Leadership

Legal services

Marketing

Outreach, advocacy

Personnel, human resources

Policy development

Program evaluation

Public relations, communications

Special events

Strategic planning

Teamwork

Volunteer recruitment

Other _____

Other _____

Sectors

Legal

Community service

Corporate and business

Culture

Education, instruction

Event management

Facility operation

Funding / Philanthropy

Government

Knowledge of different parts of the community

Non-profit experience

Program development

Sport & recreation

Other _____

Do you have any previous board service, leadership, or volunteer experience?

Yes

No

Please describe: _____

Are you able to dedicate an average of 2-4 hours per month?

Yes

No

REFERENCES

Please provide two references (not relatives)

Name _____

Telephone: _____

Relationship _____

Name _____

Telephone _____

Relationship _____

VOLUNTEER APPLICANT AGREEMENT

By signing and submitting this volunteer application, I acknowledge this information is true and accurate. I authorize Cole Harbour Place Committee to obtain references from the individuals listed above.

Applicant's Signature

Date

BOARD OF DIRECTORS SELECTION & DEVELOPMENT PROCESS

Thank you for completing this application for board membership. The Selection Committee will be reviewing all applications.

Application Deadline: _____

PLEASE SUBMIT APPLICATIONS TO:

MAIL: Cole Harbour Place
Board Recruitment
51 Forest Hills Parkway, Box 17
Dartmouth NS, B2W6C6

DROP OFF: Cole Harbour Place

E-MAIL jheddon@coleharbourplace.com

For questions relating to the Cole Harbour Place Board of Directors, please email:
jheddon@coleharbourplace.com or call **902-464-5120**