



Board of Director Applicant Contact Information

Name	
Street Address, P.O. Box#	
City & Postal Code (Fire #)	
Phone #	
Secondary Phone #	
E-Mail Address	

Please indicate your area(s) of Skill

<input type="checkbox"/> Advocacy/Personal Experience	<input type="checkbox"/> Fundraising/Events
<input type="checkbox"/> Healthcare/Health Data Analyst	<input type="checkbox"/> Marketing/Communication
<input type="checkbox"/> Finance	<input type="checkbox"/> Business/Corporate
<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Governance
<input type="checkbox"/> Risk Management	<input type="checkbox"/> Legal

Do you have any possible conflicts of interest with becoming an HCSS Board of Director?

No _____

Yes _____
(please describe): _____

Date of Birth: _____

Interests, Hobbies & Background (Employment – Volunteer experience)

Keeping you in your home longer. We help to maintain independence and enhance quality of life.

Telephone: 519-372-2091
Toll Free: 1-800-267-3798

Unit G-12 Heritage Place Mall
1350 16th Street, Owen Sound N4K 6N7

Email: mailbox@hcssgreybruce.com
Website: hcssgreybruce.com

References

Please list three people who have knowledge of your qualifications. References should have known you for a minimum of two years. Cannot be immediate family.

Name	Relationship	Phone Number	Length of time known

How did you hear about volunteer opportunities for Home & Community Support Services?

- Newspaper
 Radio
 Internet
 Word of Mouth
 Poster
 Other

I give my permission for the references above to be contacted in connection with my application for a volunteer position with Home & Community Support Services.

I understand that the screening process of Home and Community Support Services of Grey-Bruce includes an application form, an interview and reference checks. Upon receipt of a conditional offer of a position I understand that some positions may also require additional checks such as driving licenses, insurance confirmation and police checks.

I give my permission to Home & Community Support Services to communicate with me via email and mail.

I give my permission to Home & Community Support Services to use my photo for publicity purposes, which may include but is not limited to Media, Newspapers, Facebook, Presentations and Newsletters.

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All permissions are in effect until directed otherwise, in writing to the HCSS Privacy Officer.

Signature of _____
Applicant: _____ Date: _____

Form VM-1B

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