



**BOARD OF DIRECTORS
APPLICATION FORM – 2015**

DATE: _____

NAME: _____

ADDRESS: _____

HOME PHONE #: _____

CELL #: _____

BUSINESS PHONE #: _____

EMAIL: _____

BEST REACHED AT?: _____

EDUCATION?: _____

OCCUPATION? _____

***Have you ever declared bankruptcy?** YES NO

***If yes, when were you discharged from bankruptcy?** _____

***Are you eighteen years of age or older?** YES NO

** These questions relate to requirements of the
Not-for-Profit Corporations Act.*

**Have you ever been a staff member or volunteer,
including as a board member, at a nonprofit
organization?**

- NO
- YES, As staff
- YES, As a volunteer

If yes, where, for how long, and in what position(s)?

**Why are you interested in becoming a member of the Board of Directors of
Epilepsy Ontario?**

Epilepsy Ontario is committed to recruiting members to its Board of Directors who reflect the diversity of our clients and community. For that reason, it would be helpful for us if you would identify the life experiences that you bring.

**Do you possess skills, experience or knowledge in any of the following areas?
(check all that apply)**

- Marketing/Communications
- Community Relations/Communications
- Fundraising / Access to Funds
- Legal
- Governance
- Advocacy
- Risk Management
- Knowledge of Epilepsy
- Finance / Investment / Accounting / Audit
- Strategic Planning
- Entrepreneurship
- Medical
- Research
- Stakeholder (living w/Epilepsy)

What personal skills do you possess that would make you suitable for our Board?

Are you willing to engage in fundraising and/or revenue development?

YES NO

If yes, what skills, experiences, characteristics, and time do you possess that would assist us in this area of work?

Would you be able to commit approximately six to ten hours per month (1 board meeting on the second Wednesday of each month, plus participation on internal committees of interest to you and as needed by the organization)?

YES NO

Is there anything else that you would like us to know?

Thank you for your interest. We will be in touch with you shortly.
Please return your completed application form along with your current CV to:

Epilepsy Ontario
By email: info@epilepsyontario.org