



APPLICATION FOR ELECTION TO THE BOARD OF DIRECTORS

Name: _____

Home Address: _____

Telephone: _____

Business Address: _____

Telephone: _____

E-Mail: _____

1. Please give us three (3) reasons why you want to serve on the Board of Directors of Community Care East York.

2. Please tell us what you know about Community Care East York's values and role as a community services provider.

3. What contributions do you think you can make to the Board of Directors and outline your professional credentials and work experience that would assist in serving on Community Care East York's Board of Directors.

4. Have you ever served on a Board of Directors? If so, please indicate the organization(s), the dates and any specific role you played within the Board (s).

5. Do you belong to any community groups or organizations? If so, please list.

6. The Board meets 8 times a year, committees meet 4-5 times a year, in addition there is an annual board retreat and occasional educational workshops (1-3 a year). Would you be able to make a commitment to attend meetings/workshops if elected to the Board?

7. Please attach your resume and send this information by mail, fax or email to:

Nominations Committee
Community Care East York
840 Coxwell Avenue, Ste 303
Toronto, Ontario
M4C 5T2
Tel: 416-422-2026 x222
Fax: 416-422-1513
board@ccey.org