



Board of Directors Application Form

Please e-mail completed form to
thecentre@ilrc.mb.ca

Thank you for your interest in joining the ILRC Board of Directors. The Board of Directors plays a vital role in promoting both the vision of the Independent Living Resource Centre and promoting the Independent Living Philosophy. ILRC actively recruits new board members as needed and they are appointed at the Annual General Meeting each year through recommendation of the Nominations Committee. We welcome individual applicants with suitable skills and experience to apply.

Applicant Contact Information				
Name				Mr. Mrs. Miss Ms.
Address			City, Province, Postal Code	
Birthdate		E-mail		
Telephone			Cell Phone	

What motivates you to become a board member for the ILRC?	
What unique qualifications and/or skills would you bring to the board?	
Please describe your past board experience (including the types of boards on which you have participated).	
Please describe your understanding of a board member's role and responsibilities.	

The board of Directors seeks a complementary balance of knowledge, skills and experience at a Governance Level. Please identify those areas in which you have a basic or advanced competencies and areas you are interested in developing further.

Board of Governance	Basic	Advanced	Interested
• Business Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Community Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Finance/Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Governance and Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fundraising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Government/Political Acumen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Healthcare Administration/Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Real Estate/Property Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Public Relations/Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Quality/Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you be interested in joining one of the Board's committees?

Committees	Yes	No
• Audit Review	<input type="checkbox"/>	<input type="checkbox"/>
• Options Newsletter	<input type="checkbox"/>	<input type="checkbox"/>
• Nominating Committee	<input type="checkbox"/>	<input type="checkbox"/>
• Other (please indicate):	<input type="checkbox"/>	<input type="checkbox"/>

References			
Please provide two references that are familiar with your previous professional, board or committee experience.			
1 st Reference		2 nd Reference	
Relationship		Relationship	
Telephone		Telephone	
E-mail		E-mail	

Please attach a current resume to your application
 By submitting this application and a resume, I declare that:

- I meet the eligibility criteria for Board membership in Manitoba and accept the conditions of nomination as delineated.
- I certify that the information in this application and in my resume is accurate and true.
- I understand that the establishment of the Board of Directors for this non-profit corporation complies with the Bylaws of the ILRC. I also understand that acceptance as a board member includes joining the Membership of the Organization

Applicant Name (please print): _____

Applicant Signature _____ Date _____