



C/O Albion Neighbourhood Services
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Board of Directors Application Form

Name: _____

Date: _____

Email: _____

Phone: (H) _____

Address: _____

(W) _____

(C) _____

Resume Attached

Previous Experience on a Board: Yes No

If yes, please specify: _____

Specific Areas of Relevant Expertise: *(Please select all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Accounting or Finance | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Grant Writing/Assessment |
| <input type="checkbox"/> Event or Project Management | <input type="checkbox"/> Not-for-profit experience |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Human Resources/Personnel Management | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Law | <input type="checkbox"/> Volunteer Coordination/Management |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Other: _____ |

Please explain why you are interested in this position. How would your skills and experiences prove beneficial within this role?