



Counselling Services of Belleville & District

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12 Moira Street East, Belleville, Ontario K8P 2R9

Phone (613) 966-7413 Fax (613) 966-2357

Email: csbd@csbd.on.ca Website: www.csbd.on.ca

BOARD APPLICATION FORM

I am interested in serving on the Board of Directors of CSBD, serving Hastings, Prince Edward Counties and Lennox and Addington. I understand the Executive Committee will consider names recommended to it and from those names present a slate for election to the Board of Directors.

NOTE: All information supplied will be confidential to the Executive Director and the Personnel Committee of the Board.

APPLICANT NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

PHONE: (h) _____ (c) _____ (w) _____

EMAIL ADDRESS: _____ OCCUPATION: _____

Please list previous board experience and/or volunteer involvement.

Which areas of expertise do you feel you can bring to the Board?

What are your personal and/or professional strengths and characteristics that will make you an effective Board Member?

Why are you interested in applying to become a director on the board of CSBD?

Do you currently provide any professional services for an employer that has direct or indirect business with CSBD? Yes No

Have you been an employee or a client of CSBD within the past two years? Yes No

Signature

Date

Please submit to:

CSBD
12 Moira St. E.
Belleville, ON K8P 2R9

or scan completed document and email to tammy.shiers@csbd.on.ca