



Board of Directors – Application Form

<p>Basic Information: Name: _____ Address: _____ Email address: _____ Occupation/Professional Designation or Background: _____ Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>Reason for expressing interest: Briefly explain why you wish to be a part of the CMHA WECEB Board of Directors</p>	
<p>Knowledge, Skills and Experience:</p> <p>Please indicate your areas of knowledge, skills and experience below. Indicate only those areas that apply to you.</p> <p>Legend: <u>Basic:</u> Limited Exposure <u>Intermediate:</u> Personal or business experience; work with experts; some training or education <u>Advanced:</u> Competent practitioner or expert; able to instruct or advise others in the skill area</p>	
<p>Accounting: <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>	<p>Labour Relations <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>
<p>Board and Governance <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>	<p>Legal <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>
<p>Business Management <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>	<p>Patient & Health Care Advocacy <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>
<p>Clinical <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>	<p>Political Acumen <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>
<p>Diversity Issues <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>	<p>Project Management <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>
<p>Education <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>	<p>Public Affairs and Communication <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>
<p>Ethics <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>	<p>Quality & Client Safety Management <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>
<p>Finance <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>	<p>Quality & Performance Management <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>

<p>Government and Government Relations <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>	<p>Research <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>
<p>Health Care Administration & Policy <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>	<p>Risk Management <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>
<p>Human Resources Management Information Technology & Information Management <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>	<p>Stakeholder & Community Engagement Strategic Planning <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>
<p>Fund Development <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced</p>	<p>Do you have lived experience with Mental Health and/or Addictions <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, are you willing to share your experience: Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>CMHA values equity and seeks representation from populations of traditionally under-represented groups. If you would like to, please feel free to add in the text box below:</p>	
<p>As a Board Director you will be required to:</p> <ul style="list-style-type: none"> • Attend 7/year evening meetings (2-3 hours) • Attend planning retreats (1 per year), possibly 1 full day • Read and review materials provided (2-4 hours per month) <p>Is this a commitment you are prepared to make? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Any special considerations that we should keep in mind in terms of your time commitment?</p>	
<p>Is there any other information the Selection Committee should consider as they review your application?</p>	
<p>Submit your application along with your resume to: Melih Ferhatovic: mferhatovic@cmha-wecb.on.ca</p> <p>Application deadline:</p>	
<p>Other pertinent information: Due to the nature of population served by the organization a police records check for the vulnerable sector is required. Only candidates selected for an interview will be contacted.</p>	

Thank you for your interest.