



BOARD OF DIRECTORS APPLICATION FORM

NAME:	
ADDRESS:	
CITY:	POSTAL CODE:
RESIDENCE PHONE:	FAX NUMBER:
EMAIL:	

COMPANY/EMPLOYER:	
TITLE (APPLICANT):	
ADDRESS:	
CITY:	POSTAL CODE:
PHONE:	FAX:
E-MAIL:	
DATE OF BIRTH (T3010 REQUIRED) :	
EMERGENCY CONTACT:	

Welcome to the Board of Richmond Caring Place Society. As a member of the Board of Directors of Richmond Caring Place Society you will be expected to:

- Attend meetings of the Board of Directors (10)
- Attend committee meetings
- Attend other society functions
- Attend one annual Board planning session per year
- Perform outreach duties on behalf of the Board of Directors (i.e. community awareness/tenant events)
- Purchase an annual RCPS membership prior to the annual general meeting of the society

The Richmond Caring Place Society's Constitution and By-Laws does not permit a RCPS Board member to hold membership on the board of a tenant agency. If such membership is held, please advise the RCP Society office and you will be referred to the appropriate RCPS Board member for further discussion.

Signature _____ Date _____

“Caring for our Community Together”

www.richmoondcaringplace.ca

BOARD OF DIRECTORS STATEMENT OF INTEREST

NAME:

Why are you interested in the *Richmond Caring Place Society* Board?

Please outline any community service experience you have:

Please list and/or describe your hobbies and other interests:

Additional Comments:

“Caring for our Community Together”

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