



Terrace Regional Hospice Network

Board of Directors Application

DATE _____

Thank you for your interest in joining the Terrace Regional Hospice Network Society Board of Directors. Please complete this form and return to #207-4650 Lazelle Ave Terrace BC, V8G-1S6. The following information will be shared with the current Board Members.

Candidate name: _____

Home Phone Number: _____ Cell number: _____

Address: _____

Email address: _____

Briefly describe why you would like to join our Board of Directors:

Your current organizational affiliations (names of the organization and your role(s):

1. _____
2. _____
3. _____
4. _____

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Volunteer recruitment |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Policy management |

Other skill(s) of yours that you would like to utilize? _____

What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

Can you tell us what your thoughts are on Medical Assistance in Dying?

If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings which are held the 3rd Monday of the month at 6:00 pm. The term as Director is 2 years.

Signature: _____ Date: _____

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

- Yes No Perhaps

If you have any questions, contact Sue at chair.ths@terracehospice.org
Or phone 250-635-4811