

BETHANIA GROUP BOARD OF DIRECTORS APPLICATION FORM

First name:	Last name:		
Address:	City:		
Province:	Postal code:		
Daytime phone :	Evening phone :		
E-mail address:			
Eligibility criteria for the Board of Directors			
I am at least 18 years old	yes	no	
I am a member of a Mennonite church	yes	no	
I am willing to sign confidentiality and privacy of	lauses yes	no	
I can commit to a three-year service term	yes	no	
I commit to full participation at Board/Committe	ee meetings yes	no	

Why are you interested in being on the Board of Directors?

Please describe the skills, interests and experience you would bring as a Board member (you may include both formal and informal examples).

Please check the Board committees and activities that you would be interested in participating in:

Executive Committee	Nominations Committee	Finance and Audit
Policy Committee	Community Relations and Fundr	aising

I hereby certify that the information contained in this application form is accurate and complete.

Signature:

(by printing your name you are signing this electronically)

Date:

To submit the application electronically please save a copy and email it to: <u>General.inquiries@bethania.ca</u> (attention Nominations Committee). A member of the Nominations Committee will be in touch with you within 5 business days to chat with you about your application.

Paper copies of the application should be mailed to: Nominations Committee Bethania Group 1045 Concordia Ave, Winnipeg, MB R2K 3S7

The personal information contained in this application will be used to assess your eligibility to serve as member of the Bethania Board of Directors. It will be stored and disposed of according to the privacy policy of the Bethania Group.