



**BOARD OF DIRECTORS APPLICATION FORM**

**Date:**

**Name:**

**Address:**

**Home Phone #:**

**Mobile #:**

**Business Phone #:**

**Fax (if applicable):**

**Email:**

**Best time to contact you:**                      **Day**    **Evening**

**Currently employed at:**

**At current employer since (year):**

**Please describe your work:**

**Have you ever been a staff member or volunteer at a non-profit organization?**

**No**

**Yes, as staff**

**Yes, as a volunteer**

**If yes, where, for how long, and in what position?**

**If you are currently employed in government (municipal, provincial, federal), do you have any reason to believe that your employment would put you in a position of conflict as a member of the Clinic's Board of Directors? If yes, please explain.**

**Have you ever declared bankruptcy?**

**No**

**Yes**

**If yes, when were you discharged from bankruptcy?**

**Have you ever been an employee or a client of the Barbra Schlifer Clinic?**

**No**

**Yes**

**If yes, as a client: from (year) \_\_\_\_\_ to (year) \_\_\_\_\_**

**If yes, as a staff member: from (year) \_\_\_\_\_ to (year) \_\_\_\_\_**

**Position held:**

**Why are you interested in becoming a member of the Board of Directors?**

**What is your personal/professional experience in working with the issue of violence against women?**

**The Clinic is committed to recruiting members to its Board of Directors who reflect the diversity of our clients and community. For that reason, it would be helpful for us if you would identify those life experiences that you could bring around the issue of oppression.**

**Do you possess skills or experience in any of the following areas? (check all that apply)**

**Human Resources Policy Development/Management**

**Program Development & Education**

**Communications/Media**

**Fundraising and/or Promotion**

**Counselling/Therapy**

**Law**

**Cultural Interpretation**

**Financial Management/Planning**

**Strategic Planning**

**Anti-Oppression**

**Social Action/Political Advocacy**

**Community Development**

**Other, please describe:**

**What personal skills do you possess that would make you suitable for our Board?**

**What skills are you interested in developing?**

**Are you willing to engage in fundraising and/or revenue development?**

**No                      Yes**

**If yes, what skills, experiences, characteristics, and time do you possess that would assist us in this area of work?**

**Would you be able to commit approximately five (5) to seven (7) hours per month (1 Board meeting, 1 internal committee)?**

**No                      Yes**

**Is there any additional information that you would like to provide?**

**Thank you for your interest in the Barbra Schlifer Clinic's Board of Directors.  
We will contact you shortly.**

**Please return your completed application form along with your current CV to:  
The Board Recruitment & Selection Committee  
c/o Barbra Schlifer Clinic  
By mail: 503 – 489 College St. Toronto, ON M6G 1A5  
By fax: 416-323-9107 or by email: [a.rhea@schliferclinic.com](mailto:a.rhea@schliferclinic.com)**

**If you have any questions, please contact Amanda Dale, Executive Director at  
416-323-9149 ext. 244 or [adale@schliferclinic.com](mailto:adale@schliferclinic.com).**