



ST. FRANCIS ADVOCATES

Dedicated to Making a Difference

Main Office: 7346 Arkona Road
P.O. Box 218 Arkona, ON N0M 1B0
Phone: 519-828-3923 **Fax:** 519-828-3927
www.mysfa.org

BOARD OF DIRECTORS APPLICATION FORM

SECTION ONE: INTRODUCTION

Thank you for your interest in joining the Board of Directors of St. Francis Advocates. To apply to be a member of the SFA Board of Directors, please complete this application form and submit a copy of your current resume to Patricia Sloan, President Board of Directors, St. Francis Advocates, at patricia.sloan@mysfa.org or by regular mail to: 7346 Arkona Road, P.O. Box 218 Arkona, ON N0M 1B0.

If you require more information about the application process, please contact: Jean Paul Caza, Executive Director by telephone (519) 828-3923, Ext. 123 or by email at jp.caza@mysfa.org

SECTION TWO: APPLICANT CONTACT INFORMATION

SURNAME:		FIRST NAME:	
ADDRESS:			
CITY:		PROVINCE:	POSTAL CODE:
TELEPHONE (HOME):		TELEPHONE (CELL):	
EMAIL ADDRESS:			

SECTION THREE: ELIGIBILITY CRITERIA AND CONDITIONS OF APPOINTMENT

A. Applicants for the Board of Directors of St. Francis Advocates (SFA) must meet the following eligibility criteria as specified in legislation and the governing documents of SFA:

- Directors must be at least 18 years old
- Endorse the mission, vision and values of SFA
- Reside or be employed in the geographic areas that SFA serves (Counties of Windsor Essex, Chatham-Kent or Sarnia-Lambton)
- Undischarged bankrupts are not eligible to serve as a member of the board of directors
- Employees and Employee Spouses are not eligible to serve on the board of directors
- Board members or employees of community agencies currently funded by Ontario Ministry of Children, Community and Social Services are not eligible to serve on the board of directors

B. Conditions of appointment to the board of directors of SFA include the following expectations:

- Commit to a minimum of 6 hours per month to perform board and committee duties
- Be able to attend monthly meetings or participate by teleconference or video-conference
- Fulfill the requirements and responsibilities of a board member as outlined in legislation, bylaws and governance policies of SFA
- Obtain a police reference check for the vulnerable sector
- Sign a confidentiality agreement and declaration of conflict of interest



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SECTION FOUR: CONFLICT OF INTEREST DISCLOSURE STATEMENT

Members of the Board of Directors must avoid conflicts between their self-interest and their duty to SFA. In the space below, please identify any relationship with any organization, association or community initiative that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the Board of Directors of SFA.

SECTION FIVE: KNOWLEDGE SKILLS AND EXPERIENCE

The Board of Directors of SFA seeks a complementary balance of knowledge, skills and experience.

Please summarize your knowledge or experience with St. Francis Advocates.



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Please indicate your experience by placing a ✓ in the following areas.

Skills/Knowledge	Very Experienced	Some Experience	Little or No Experience
Strategic Planning			
Fundraising			
Board Development			
Program Planning And Evaluation			
Recruiting, Hiring, And Evaluating Personnel			
Financial Management And Control (Budgeting, Accounting)			
Communication, Public And Media Relations			
Participation In Interagency Committees			
Public Speaking			
Organizational Development			
Information Technology			
Writing/Journalism			
Special Events (planning and implementing)			
Personal experience with people with Autism or other developmental disabilities			

For the items you checked as “very experienced” or “some experience”, please provide details:

If not described above, please outline your experience as a volunteer board or committee member?



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References: *(Please provide names and their contact information)*

1.

2.

3.

Why are you interested in joining our board of directors for SFA?

Do you have a specific area of interest?

SECTION SIX: DECLARATION

By submitting this application, I declare the following:

- I meet the eligibility criteria and accept the conditions of appointment as outlined in this application form.
- I certify that the information in this application and in my resume is true.

SIGNATURE:

DATE: