



1267 Davie St
Vancouver BC V6E 1N4
Tel: 604-717-2924
Fax: 604-717-2926
Web: www.wehcpc.com

Board of Directors Application Form

APPLICANT INFORMATION

Name: Dr./Mr./Ms./Mx _____ Preferred Pronouns: _____

Date of Birth: _____ Previous Names: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ Email: _____

EXPERIENCE AND BACKGROUND

Current employer: _____

Position: _____ Number of Years in Current Position: _____

Highest Education Level Completed: (Please circle)

a) High School/GED b) College/Under Graduate Degree c) Graduate Degree d) Post Graduate Degree

Relevant Professional Experience: _____

Other Relevant Experience: (personal, volunteer, or non-professional): _____

Non Profit Board Experience:

Have you ever served on a Non Profit Board of Directors? (Please circle) Yes No

If yes, where: _____ Total number of years: _____

If yes, please list any Officer positions held and/or committee work: _____



1267 Davie St
Vancouver BC V6E 1N4
Tel: 604-717-2924
Fax: 604-717-2926
Web: www.wehcpc.com

INTEREST IN THE WEST END-COAL HARBOUR COMMUNITY POLICING CENTRE

Why would you like to serve as a Director on the WEHCPC Board? _____

Do you have expertise in any of the below mentioned areas? (Please circle all that apply)

- a) Advocacy, Marketing, Public Relations
- b) Accounting and Finance
- c) Legal, especially nonprofit
- d) Law Enforcement, Policing, Community Safety
- e) Business, Business Administration, especially nonprofit
- f) Social Services, Community Development
- g) Organizational Development, including fundraising
- h) None of the Above

What areas of Board work might you be most interested in? (Please indicate all that apply)

- a) Fund Development, Marketing
- b) Public Relations, Advocacy, Media
- c) Employee Development and Human Resources
- d) Finance
- e) Program Development and Oversight
- f) Other (please describe): _____

OTHER INFORMATION (OPTIONAL)

Is there anything else you would like us to know about you? _____

I hereby attest that the above information is true to the best of my knowledge and, if successful, I agree to submit my name to a security and record check by the Vancouver Police Department.

Signature: _____ Date: _____

Please email the completed form and resume to executivedirector@wehcpc.com.