



# **AEAAC**

## **Alberta Elder Abuse Awareness Council**

### **Board of Directors Application Form for 2020**

Thank you for your interest in joining the Alberta Elder Abuse Awareness Council Board of Directors! Our Directors are vital in promoting our vision and mission across our Province. New Board members will be appointed at our Annual General Meeting in May. Please complete this form to provide information about yourself to ensure the best match possible for our Board of Directors.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Briefly describe why you would like to become a board member for the AEAAC:

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



# AEAAAC

## Alberta Elder Abuse Awareness Council

Please describe your past board experience and (if applicable) the types of boards you have been involved with:

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We seek a complimentary balance of knowledge, skills and experience at a Governance level. Please identify skills you have and the areas in which you have basic or advanced competencies and areas you are interested in:

SKILLS	BASIC	ADVANCED	INTERESTED
Policy Development			
Board Development			
Community Leadership/ Community Engagement			
Strategic Planning			
Quality/Risk Management			
Public Relations/ Marketing/ Social Media			
Legal			
Government/ Political Acumen			
Education/Training			
Financial Management /Accounting			
Governance and Leadership			
Human Resources			
Fund Development			



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Other skill(s) that you have to offer the AEAAC Board?

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What do you hope to accomplish as a result of being involved on the AEAAC Board (e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.)?

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Which of the AEAAC Sub-Committees would you be interested in joining:

“It’s Not Right: Neighbours, Friends and Family for Older Adults” Committee	
Nominations Committee	
World Elder Abuse Awareness Day Committee	
Marketing Committee (Website and Social Media)	
Other Ad Hoc Committees	



# AEAAAC

## Alberta Elder Abuse Awareness Council

If you join the Board, you agree that you can provide a minimum of 2-4 hours per month in attendance to Board and Committee meetings, that you do not have any conflict-of-interest in participating on the Board and that you are willing to provide a criminal record check.

Please provide two references that are familiar with your previous board or committee experience:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please attach a current resume to your application.

By submitting this application and a resume, I declare that:

- The information in this application and in my resume is accurate and true.
- I understand that the establishment of the Board of Directors for this non-profit corporation complies with the Bylaws of the Organization.
- I also understand that acceptance as a board member includes joining the Membership of the Organization.

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email your completed application to Joanne Blinco at [jblinco@lethseniors.com](mailto:jblinco@lethseniors.com)