*Please use additional pages if required.*

**Name**: Click or tap here to enter text. **Pronouns**: Click or tap here to enter text.

**Current Address:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text. **e-mail:** Click or tap here to enter text.

**Current Employment Status:**

[ ] FT [ ] PT [ ] Retired [ ] Seeking Employment [ ] Other

## Expression of Interest:

a) Please summarize your experience with, and/or interest in, our organization and

b) Why is our mission important to you?

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## What skills and knowledge are you willing to bring to our board?

*Please indicate your experience in the following areas.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | very experienced | some experience | little or no experience |
| Strategic planning |[ ] [ ] [ ]
| Patient Partnership as a patient partner  |[ ] [ ] [ ]
| Communication, public and media relations |[ ] [ ] [ ]
| Social media |[ ] [ ] [ ]
| Information technology (e.g. website admin, other software packages) |[ ] [ ] [ ]
| Writing, journalism (e.g. blogging) |[ ] [ ] [ ]
| Special events (e.g. planning and implementing) |[ ] [ ] [ ]
| Financial management and control (e.g. budgeting, accounting) |[ ] [ ] [ ]
| Fundraising |[ ] [ ] [ ]
| Government relations |[ ] [ ] [ ]
|  Legal knowledge |[ ] [ ] [ ]

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

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

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References

Please provide the two references, with at least one from a volunteer organization and who can provide information on your service.

1. Click or tap here to enter text.
2. Click or tap here to enter text.

## Commitment

[ ]  I am able to commit a minimum of five hours per month to Board related activities, including monthly meetings on the 3rd Sunday of each month at 10:00 AM ET.

Please e-mail your completed application and resume to:*hello@patientadvisors.ca*