



Board of Directors Candidate Application

Please return this application, **along with your resume**, to:
Marife Sonico | Senior Manager – Board Relations
marife@bccare.ca

Date _____

Name _____

First

Last

Residence

Address _____

Cellphone _____

E-mail _____

Employer

Name _____

Your position title _____

Address _____

Work Phone _____ E-mail _____

Service(s) provided (LTC/AL/IL/Home health) _____

Which region/s (Health Authority) does your organization operate in? Please check.

<input type="checkbox"/>	Fraser Health
<input type="checkbox"/>	Vancouver Coastal Health
<input type="checkbox"/>	Island Health
<input type="checkbox"/>	Interior Health
<input type="checkbox"/>	Northern Health

Preferred method of contact () Work () Residence

Please check if your organization is not-for-profit.



Please list boards and committees that you serve on, or have served on:

Organization	Role/Title	Dates of Service

How do you feel **BC Care Providers Association** would benefit from your involvement on the Board?

Proficiencies (Please check all that apply)

	Finance, accounting		Public relations, communications
	Personnel, human resources		Clinical
	Administration, management, leadership		Legal
	Government relations		Other _____
	Business development		

How many sites does your organization (head office) operate? _____



Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of **BC Care Providers Association**.

Please tell us anything else you'd like to share.

Thank you for your interest in serving on the BCCPA Board.