



Board of Directors Candidate Application

Please return this application, **along with your resume and a short bio**, 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 _____

Preferred method of contact () Work () Residence

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

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

<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



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

Is your organization a not-for-profit? () Yes () No

Is your organization a member of HEABC? () Yes () No

Does your organization have an RFP site? () Yes () No

Proficiencies (Please check all that apply)

<input type="checkbox"/>	Finance, accounting
<input type="checkbox"/>	Personnel, human resources
<input type="checkbox"/>	Administration, management, leadership
<input type="checkbox"/>	Government relations
<input type="checkbox"/>	Business development

<input type="checkbox"/>	Public relations, communications
<input type="checkbox"/>	Clinical
<input type="checkbox"/>	Legal
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	

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?



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.