



Please return applications to:

Ponoka F.C.S.S.
5006-52nd Avenue
Ponoka, AB T4J 1R5

BOARD MEMBER APPLICATION

Please complete this form and submit it to Ponoka Family & Community Support Services on or before the closing date of the position being applied for:

Applicant Information

I wish to apply for a position on the Ponoka Family & Community Support Services Board of Directors.

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #
City Province Postal Code

Phone: Res: Phone: (Work):

Are you a citizen of the Ponoka District? YES NO

How long have you lived in the Ponoka area years

Have you ever been convicted of a criminal offense? YES NO

If yes, explain:

It is policy that all members of the Board have a criminal record check.
Are you willing to have one to have a criminal record check done? YES NO

BOARD MEMBER APPLICATION

Personal Information

Please list your previous volunteer experience:

What interests you in applying for this volunteer position?

Will your time commitments allow for additional evening meetings, if required?

Please explain what you perceive to be the function of this Board.

What attributes do you bring to this position?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to selection, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____