**Lanark, Leeds and Grenville Addictions and Mental Health**

**Board Application Form**

Name:

Address:

Contact Phone #:

Email Address

1. If you have previously served on or worked with a Board or Committee for a Non-profit entity please describe responsibilities and accomplishments briefly.
2. List other volunteer activities and your role.
3. Rate your skills/experience from 0-3 (0=none; 1=fair; 2=good; 3=advanced) for each of the following:

Governance Experience Business Management

0=none 0=none

Human Resources Management

Clinical

Government and Government Relations Strategic Planning

Construction and Project Management Legal

Mental Health & Addictions Needs of our Region Risk Management

Information Technology Financial/Accounting

Change Management and/or Collaboration

Quality and Performance Management

Ethics

Client and Mental Health and Addictions Care Advocacy

Fundraising

Policy Development

Public Affairs and Communication

 Equity, Diversity and Inclusion Initiatives

***Demographic Information (Note: this information will be reported in aggregate, not individually)***

***Please respond using wording that you are comfortable with.***

1. Gender:

Ethnicity:

Member of a/an First Nation(s) and/or Indigenous Community:

Sexual Orientation:

Geographical Representation:

What languages to you speak? *(List in order of most comfortable)*

Person with lived or living experience with mental health, substance use, and addiction? *(family members included)*

1. Briefly explain your interests in and/or concerns about our mental health and addictions system today.
2. Is there any other information you would like us to be aware of with respect to your application including any skills that you believe can contribute to the Board's and Committee's work?
3. Please provide the names of two references (and their contact phone #) who would be willing to verify your application information

1.

2.

Signature: Date:

Please return completed form to: Starr Langstaff

Executive Assistant to the CEO and Board of Directors

Email: langstaffs@llgamh.ca