

# Application for Appointment to the Board of Directors Nanaimo Brain Injury Society

101-55 Victoria Road Nanaimo BC V9R 6N9  
Telephone: (250) 753-5600 Fax (250) 753-5607 e-mail: [nbis-m@shaw.ca](mailto:nbis-m@shaw.ca)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## YOUR BACKGROUND

What education or skills could you contribute to our board? (Please check)

<input type="checkbox"/> accounting	<input type="checkbox"/> management	<input type="checkbox"/> public relations
<input type="checkbox"/> investment	<input type="checkbox"/> marketing	<input type="checkbox"/> special affiliations:
<input type="checkbox"/> office	<input type="checkbox"/> fundraising	<input type="checkbox"/> professional skills:
<input type="checkbox"/> social work/health care	<input type="checkbox"/> education	<input type="checkbox"/> other:

Have you served on a board before? If yes, where?

\_\_\_\_\_

Charitable or community activities in which you have been involved:

\_\_\_\_\_

## YOUR AVAILABILITY TO SERVE

Could you regularly attend monthly board meetings?  Yes  No

How many hours per month, in addition to board meetings could you serve this organization? \_\_\_\_\_

Would you participate in raising funds for this organization?  Yes  No

Would you attend a training session for new board members?  Yes  No

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Nanaimo Brain Injury Society**

**YOUR VIEWS ON NBIS**

Please explain briefly what you would like to bring to NBIS?

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**REFERENCES (list names, addresses and phone numbers)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date:  
day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

**Office use only**  
Date received \_\_\_\_\_

Additional information:  
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\_\_\_\_\_  
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