



Thank you for your interest in joining The Centre for Epilepsy & Seizure Education in British Columbia's Board. **Please submit this form to executivedirector@esebc.ca**

Name: _____

Residence

Phone Number: _____ Email: _____

Address: _____

Employer

Name: _____

Title: _____

Phone Number: _____ Email: _____

Address: _____

Type of Business or Organization: _____

Primary Service(s): _____

Preferred Method of Contact: _____

Please list boards and committees that you serve on, or have served on: (names of the organization, your role(s), and date of service)

1. _____

2. _____

3. _____

Education/Training/Certificates:

1. _____

2. _____

3. _____

Awards or honors you would like to mention:

1. _____

2. _____

3. _____

Briefly describe why you would like to join our Board of Directors:

How do you feel The Centre for Epilepsy and Seizure Education in British Columbia would benefit from your involvement on the Board?

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Finance / Accounting | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Nonprofit experience | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public relations |
| <input type="checkbox"/> Personnel / HR | <input type="checkbox"/> Community service | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Policy development | <input type="checkbox"/> Member of an Indigenous community in BC | |

Other skill(s) of yours that you would like to utilize?

Please list any groups, organizations, or businesses that you could serve as a liaison to on behalf of The Centre for Epilepsy and Seizure Education in British Columbia:

Is there anything else you would like to share?

****A criminal record check is required for all new board members****

If you join the Board, you agree that you can provide on average 2-3 hours a month in attendance to Board and Committee meetings.

Your signature: _____ **Date:** _____