The Board of the VSHC is comprised of 8 -12 Directors. Directors serve as volunteers. Applications are being accepted from interested members of Huron County to fill vacancies as they arise. A passion and strong desire to support and promote services to victims are candidate attributes.

Regular meetings of the Board are held on a monthly basis. Additionally, each Director is expected to participate in at least one other committee of the Board and/or support fundraising activities.

Please complete the following application for consideration by the Nominating Committee of the Board.

You may mail, fax or email your completed application form to the following:

Attention: Board Nominating Committee

Victim Services of Huron County

122 Duke St., Seaforth, ON N0K 1W0

Email: [deborah@victimserviceshuron.ca](mailto:deborah@victimserviceshuron.ca)

Fax: *519-600-4150*

|  |  |  |
| --- | --- | --- |
| Name | | |
| Home Address | | |
| phone | fax | e-mail |
| Work (if applicable) Company & Address | | |
| phone | fax | e-mail |

|  |
| --- |
| Summarize your experience with and/or interest in our organization. |

|  |  |  |  |
| --- | --- | --- | --- |
| What skills and knowledge are you willing to bring to our board? Please indicate your experience in the following areas. | very experienced | some experience | little or no experience |
| Strategic planning |  |  |  |
| Fundraising |  |  |  |
| Governance |  |  |  |
| Program planning and evaluation |  |  |  |
| Human resources principles & practices |  |  |  |
| Financial management and control (budgeting, accounting) |  |  |  |
| Communication, social media |  |  |  |
| Participation in interagency committees |  |  |  |
| Public and media relations |  |  |  |
| Organizational development |  |  |  |
| Information technology |  |  |  |
| Writing, journalism |  |  |  |
| Special events (planning and implementing) |  |  |  |
| *[list other skills, knowledge you bring]*: |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please provide your resume or complete the sections below:**

|  |
| --- |
| **Educational Background** *Please indicate the institution attended, degree or credentials attained and year of completion.* |
| **Professional and Employment Background** *Please provide a chronology of all relevant work experience, including a description of consulting projects, starting with the most recent. Indicate employer, your title/position, the dates you held the position, and a summary of your responsibilities.* |
| **Community Involvement** |
| **Memberships in Professional Organizations** *(if applicable)* |
| **References** *Please provide the names and contact information for three persons who could provide a reference for you. Include name, occupation, address and telephone number.* |

Date

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**For Board Use Only**

\_\_\_ Nominee has had a personal meeting with the ED, board chair, or other board member. Date \_\_\_\_\_\_

\_\_ Nominee reviewed by the committee. Date \_\_\_\_\_\_  
\_\_ Nominee attended a board meeting. Date \_\_\_\_\_\_  
\_\_ Nominee interviewed by the board. Date \_\_\_\_\_\_  
Action taken by the board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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