



**DURHAM HOSPICE**  
**BOARD APPLICATION FORM**  
(all applicants must undergo a police security check)

(Page 1 of 2 – PLEASE PRINT ALL INFORMATION)

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: Business: ( ) - Home: ( ) - Fax: ( ) -  
Cell: ( ) - Pager: ( ) -  
(please note any number we may not use with an "X" after the number)

E-mail Address: \_\_\_\_\_

**Note: Please provide a copy of your latest CV with this form.**

**General Background:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Board service, leadership or volunteer experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Are you currently sitting on other boards? If YES, please list the information below:**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any personal or business interests or relationships with other organizations that could present a conflict of interest in meeting the mission of Durham Hospice?**

\_\_\_\_\_

**Fundraising is required to support some of the agency's operating costs. Are you comfortable with fundraising and willing to cultivate prospects and ask for donations?**

\_\_\_\_\_

**Previous fundraising experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Skills:**

---

**Relevant Career Experience:**

---

---

---

---

**Reason(s) for wanting to join the Board of Durham Hospice:**

---

---

---

---

**Contacts and connections (professionals such as doctors, dentists, advisors / media / union/ church/ celebrities/ political. No one will be called without your permission.**

---

---

---

---

---

---

---

---

---

---

---

**Board members are expected to serve on on-going and/or ad hoc committees. Please select one or more)**

**Governance:\_\_\_ Finance: \_\_\_ Fundraising: \_\_\_ Nominating: \_\_\_**

**Date:**    /    /    **Signature:** \_\_\_\_\_    **Date of Birth:**    /    /    (required by Canada Customs & Revenue Agency )  
          dd / mm / year

**Please forward your completed application form to:**

**Durham Hospice**  
Board Nominating Committee  
209 Dundas Street East, LL Unit 1  
Whitby, ON L1N 7H8  
or fax to: 905 430-4533