

**COWICHAN FAMILY LIFE ASSOCIATION**  
**BOARD MEMBER APPLICATION**

**Contact Information**

Full Name \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone(h): \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Skills and Abilities**

- |   |  |
|---|--|
| <input type="checkbox"/> Fundraising                            | <input type="checkbox"/> Community Outreach    |
| <input type="checkbox"/> Leadership                             | <input type="checkbox"/> Fiscal                |
| <input type="checkbox"/> Knowledge of the First Nations Culture | <input type="checkbox"/> Communication skills  |
| <input type="checkbox"/> Legal                                  | <input type="checkbox"/> Cultural Knowledge    |
| <input type="checkbox"/> Secretarial                            | <input type="checkbox"/> Organizational skills |
| <input type="checkbox"/> Other _____                            |  |

I can attend monthly Board meetings   
I am willing to serve on a committee

**Volunteer Experience**

I have volunteered before with CFLA:  No  Yes, when \_\_\_\_\_  
I have volunteered before with other organizations  No  Yes, they include:

\_\_\_\_\_

I am currently volunteering with (list organizations and responsibilities): \_\_\_\_\_

\_\_\_\_\_

**Experience and Background**

My present job or activities are: \_\_\_\_\_  
My previous work and/or volunteer experience includes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My education or training includes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I want to volunteer at CFLA because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**You may wish to attach your resume**  
**You may be contacted for an interview.**

**By signing and submitting this Volunteer Application, I acknowledge this information is true and accurate.**

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Signature

Date

**Cowichan Family Life thanks you for your interest.**