

Mr. □

Board of Directors Expression of Interest

Bonnyville Health Foundation values the role of its volunteer Directors who work to set strategic direction, establish board policies, assist with fundraising and oversee the activities of the foundation in support of the priority needs of Covenant Health's Bonnyville Health Centre.

Foundation Board members serve a term of one, two or three years with eligibility for reappointment for an additional two terms up to a total of nine years of consecutive membership.

Directors must be at least eighteen 18 years of age and should possess a balance and range of specific skills, expertise and experience. Ideal candidates will bring a broad range of experience, reflect the diversity of the community and demonstrate a sincere interest in making a significant contribution to the Foundation Board and its activities.

Please express your interest in serving as a Bonnyville Health Foundation Board member if you are:

- Interested in health and wellness of the community and understand and appreciate the importance of the legacy of Catholic health care;
- Willing to donate the time and energy necessary to perform the role effectively;
- Persons who think, speak and act independently on behalf of donors;
- Persons with visibility/credibility in your community and perceived as a community leader who inspires support from others;
- Willing to plan and attend fundraising events, open doors for new donors, leverage connections and help thank donors;
- Supportive of Covenant Health's Strategic Plan, and

Ms. □

Agree to a Board Code of Conduct.

Mrs. □

Name (please print):				
Address:				
				Street
	City		Province	Postal Code
Phone:				
		Home		Cell or other
Email:				



1.	Why are you interested in serving on the Bonnyville Health Foundation Board of Directors?
2.	Are you involved with any Boards, groups or initiatives in your community? Please list past and present involvement.
3.	How would you describe your community?
4.	What insights, experience and perspectives do you feel that you would bring to the Bonnyville Health Foundation Board?
5.	Please provide a brief description of your educational/occupational experiences that may be relevant to your contributions and attach a resume.



6.	How did	you hear	about the	Bonnyville	Health	Foundation	Board?
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7. Please provide 3 references

Name	Address	Phone Number & Email	

- 8. Please indicate your consent for including your name and contact information to be shared with other Bonnyville Health Foundation Board members, and Covenant Foundation if appointed.
 - □ Yes
 - \square No
- 9. Is there anything about your candidacy that could negatively affect the Bonnyville Health Foundation, Covenant Health or your ability to serve on the Foundation board?