



# Children's Treatment Network

## Application for Board of Directors

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### Board of Directors and Board Committee Application

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

How can we contact you? \_\_\_\_\_

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

Home telephone: \_\_\_\_\_

Work telephone: \_\_\_\_\_

Home address: \_\_\_\_\_

**Please describe your interest in being a member of Children's Treatment Network's Board of Directors or one of its committees (please see the recruitment profile document for listing of current committees).**



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### Qualifications

- I am eighteen (18) years of age or older
- I live or work in Simcoe County
- I live or work in York Region
- I am not a member of CTN staff or a staff or board member of a CTN partner. (Please follow the link to view current CTN Partners: <http://www.ctnsy.ca/Our-Partners.aspx>)
- I am free of any conflict of interest that would interfere with the responsibilities of a Director

### Skills and Experience

Children's Treatment Network will choose suitable candidates for the Board with demonstrated skills, experience and/or qualifications in a broad range of areas, and who represent the diversity of the communities in York Region and Simcoe County. Please check all the areas below where you have skills or experience:

- Not-for-profit board member in the public sector
- In the private sector
- Parent or family member of a child/youth with special needs
- Health/Social Services
- Finance and/or Accounting
- Business Management
- Human Resources
- Strategic Planning/Management
- Fundraising/Fund development
- Public Relations/Communications/Marketing
- Information Technology
- Legal
- Quality/Risk Management
- Other, please specify... \_\_\_\_\_

### Interests/preference (please check as appropriate (you may indicate an interest in both Directorship or community member on a committee))

- Board of Directors
- Audit & Finance Committee
- Quality Committee
- Governance Committee



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### Languages other than English

- French
- Mandarin
- Cantonese
- Punjabi
- Italian
- Portugese
- Russian
- Other, please specify... \_\_\_\_\_
- Other, please specify... \_\_\_\_\_

### My current occupation (if employed) is:

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#### Resume

- A copy of my current resume is attached

### Submission Information

Please submit this application form and your current resume to:  
**Sian Morgan, Executive Assistant, Children's Treatment Network**  
**Phone: 1-877-719-4795 Ext. 72381**  
**Fax: 905-773-7090**  
**Email: smorgan@ctnsy.ca**  
**13175 Yonge Street, Richmond Hill, On L4E 0G6**

### Privacy Statement

The information collected on this form is collected for the purpose of assessing candidates for the CTN Board of Directors. This information will not be used for any other purpose. This information will not be shared with others.