

# Application for Appointment to the Board of Directors Nanaimo Brain Injury Society

285 Prideaux Street, Nanaimo BC V9R 2N2  
Telephone: (250) 753-5600 Fax (250) 753-5607 e-mail: [mark@nbis.ca](mailto:mark@nbis.ca)

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## YOUR BACKGROUND

What education or skills could you contribute to our board? (Please check)

<input type="checkbox"/> accounting	<input type="checkbox"/> business	<input type="checkbox"/> p/r communications
<input type="checkbox"/> legal	<input type="checkbox"/> marketing	<input type="checkbox"/> community contacts
<input type="checkbox"/> office	<input type="checkbox"/> fundraising	<input type="checkbox"/> medical / concussion
<input type="checkbox"/> psychology	<input type="checkbox"/> education	<input type="checkbox"/> organized sports
<input type="checkbox"/> social work/health	<input type="checkbox"/> safety / prevention	<input type="checkbox"/> other

Have you served on a board before? If yes, where?

\_\_\_\_\_

Charitable or community activities in which you have been involved:

\_\_\_\_\_

## YOUR AVAILABILITY TO SERVE

Could you regularly attend monthly board meetings?  Yes  No

How many hours per month, in addition to board meetings could you serve this organization? \_\_\_\_\_

Would you participate in raising funds for this organization?  Yes  No

Would you attend a training session for new board members?  Yes  No

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Nanaimo Brain Injury Society**

**YOUR VIEWS ON NBIS**

Please explain briefly what you would like to bring to NBIS?

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**REFERENCES (list names, addresses and phone numbers)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date:  
day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_

**Please return in confidence to the Executive Director.**

**Office use only**

Date received \_\_\_\_\_

Additional information:

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