



Date: _____

Name: _____

Address: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Email: _____

1. Are you familiar with the role of community health centres as a specific component of health care in Ontario?

2. Why do you want to become a Board member at Brock Community Health Centre?

3. What specific skills or competencies would you bring to Brock Community Health Centre?

- | | |
|---|--|
| <input type="checkbox"/> finance/accounting | <input type="checkbox"/> health care |
| <input type="checkbox"/> legal | <input type="checkbox"/> government relations/advocacy |
| <input type="checkbox"/> corporate governance | <input type="checkbox"/> education/training/evaluation |
| <input type="checkbox"/> quality/performance management | <input type="checkbox"/> fundraising |
| <input type="checkbox"/> strategic planning | <input type="checkbox"/> labour/human relations |
| <input type="checkbox"/> capital projects/development | <input type="checkbox"/> ethics |
| <input type="checkbox"/> risk management | <input type="checkbox"/> diversity, equity, inclusion |
| <input type="checkbox"/> social services admin/policy | <input type="checkbox"/> public affairs/communications |
| <input type="checkbox"/> prior board experience – please provide details: _____ | |

☐ prior volunteer experience – please provide details: _____

☐ other – please provide details: _____

4. Brock CHC Board members are expected to prepare for and attend one Board meeting and committee meeting per month (3-4 hours). Is this a commitment you are able to make?

☐ yes ☐ no

If no, would you consider being a community representative on a committee?

☐ yes ☐ no

5. Please indicate from the following list which committee is of most interest to you.

- ☐ Finance
☐ Board Development
☐ Quality
☐ Fundraising

6. Please describe any other experience you want to tell us about.

7. Do you know a current or former Brock CHC Board member who we may contact to discuss your interest in being on the Brock CHC Board of Directors?

☐ yes ☐ no

If yes, who is the Board member/former Board member? _____

8. Any other comments or details?

Thank you for your interest in Brock Community Health Centre. If you have further questions, please call Angela Canavan, Executive Assistant, at 705-432-3322, ext. 108.

Please submit this questionnaire to:

Board Development Committee

Brock Community Health Centre

Box 279, 720 Simcoe Street, Beaverton, Ontario, L0K 1A0

email: acanavan@brockchc.ca