



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, Corporate Services Coordinator, 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

In accordance with the Accessibility for Ontarians with Disabilities Act (AODA), Brock CHC will provide accommodation in all parts of the application process as required upon requests from applicants.