

340 College Street, Suite 500 Toronto, Ontario M5T 3A9 Tel: (416) 324-8677 Fax: (416) 324-9074

**Board of Directors**

Application Form

|  |
| --- |
| Name (First, Last):      |
| Address:      |
| Home Tel:       | Bus. Tel:       |
| E-mail:       |
| Please tell us why you are interested in joining our Board of Directors?      |
| Briefly describe any interests, skills and experience that you feel would be an asset to the Board of Directors at Access Alliance.      |
| What is your understanding of the role of volunteer community-based Boards of Directors?      |
| Can you commit to volunteering at least 6 hours per month, which includes one monthly Board meeting that is normally held on a weekday evening?      |

*Membership on the Board must reflect the diversity* *of the community we serve;*

*Directors must live or work in the City of Toronto.*

Thank you for your interest.

Please send the **completed membership form**, along with **your resume** and the **name and contact information of a reference** who can comment on your involvement in any other regular volunteer activity to:

Diana Vazquez

Executive Assistant/ Special Projects

dvazquez@accessalliance.ca

Access Alliance Multicultural Health and Community Services

340 College St., Suite 500

Toronto, ON M5T 3A9