

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

**Board of Directors**

Application Form

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| 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](mailto:dvazquez@accessalliance.ca)

Access Alliance Multicultural Health and Community Services

340 College St., Suite 500

Toronto, ON M5T 3A9