



**Kawartha-Haliburton Children's Aid Society**  
Peterborough Office, 1100 Chemong Road  
Peterborough, Ontario K9H 7R3

**Board of Directors Candidate Application**

Please return this completed application to KHCAS, Attention: Lynn Clark, Executive Assistant, by email ([lynn.clark@kcas.on.ca](mailto:lynn.clark@kcas.on.ca)) or personal delivery to 1100 Chemong Road, Peterborough.

A cover letter may also accompany this application form.

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_  
First MI Last Familiar name

**Residence**

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

***Please include a current resume with this application.***

**History of volunteer work, employment or other interests that would inform your work as a Board member for the Kawartha-Haliburton Children's Aid Society:**  
(please list dates and responsibilities)

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**Please list boards and committees that you serve on, or have served on previously**  
(business, civic, community, professional, recreational, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Board Directors spend a minimum of 10 hours per month on KHCAS work. Depending on your level of involvement and commitment, this time might increase. Do you see this as a good fit in your life right now?**

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**Education/Training/Certificates**

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**How do you feel Kawartha-Haliburton Children’s Aid Society would benefit from your involvement on the Board?**

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**Skills, experience and interests (Please circle all that apply)**

Advocacy / Public Policy	Financial Management
Direct Service Delivery	Education Sector
Executive Compensation / Oversight	Health Care Sector
Child Welfare Sector	Public Sector
Family Law / Law	Quality Assurance
Youth Justice	Children’s Developmental Services
Not-for-Profit / Social Services	Government Sector Advocacy / Public Policy
Indigenous Heritage	Other (please specify)

Please tell us anything else you’d like to share.

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## **BOARD OF DIRECTORS**

Please allow my name to be considered for an interview by the KHCAS Board of Directors. I am willing to commit my time to the Kawartha-Haliburton Children's Aid Society. I understand that I must submit a recent police criminal reference check should I be selected to stand for Board nomination. I also understand that under the Corporations Act of Ontario, persons who are bankrupt and whose bankruptcy has not been discharged are not eligible for Board of Director positions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **BOARD OF DIRECTORS – REFERENCES**

Please provide KHCAS with two (2) references we may contact [name, title (if appropriate), contact phone number]:

1. \_\_\_\_\_

2. \_\_\_\_\_

I, \_\_\_\_\_, hereby acknowledge that, in connection with the pursuit of a Board Member appointment, reference checks on my past volunteer or other interests will be conducted by the Kawartha-Haliburton Children's Aid Society. My signature below will serve as my authorization for the KHCAS to seek reference checks on the names I have provided for the purposes expressed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Thank you for your interest in KHCAS.***