## Algoma Nurse Practitioner-Led Clinic

## **BOARD MEMBER APPLICATION FORM**

Name				
Home Address				
Phone	Fax	Email		
Employment Name & Address (if applicable)				
Phone	Fax	Email		
Summarize you experience with and/or interest in our organization				
, ,	•			

What skills and knowledge are you willing to bring to our board? Please indicate your experience in the following areas.	very experienced	some experience	little or no experience
previous board experience			
strategic planning			
legal knowledge			
board development (recruitment, training, evaluation)			
health care program planning and evaluation			
recruiting, hiring and evaluating personnel			
financial management and control (budgeting, accounting)			
communication, public and media relations			
policy development			
public speaking			
organizational development			
information technology			



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For the items you checked as 'very experienced' or 'some experience', please provide details below;

\*Please note a police records check will be required.

Please mail, fax, or email completed application to:

Algoma Nurse Practitioner-Led Clinic Attention: Board Chair 443 Northern Avenue Sault Ste. Marie, ON P6A 5L3 705-942-9687 Igreene@algomanplc.ca

