

COMOX VALLEY

Child Development Association

237 3RD STREET, COURTENAY, BC V9N 1E1

TEL 250-338-4288 • FAX 250-338-9326

WEBSITE www.cvcda.ca

CVCDA BOARD MEMBER APPLICATION FORM

Name: _____

Phone: _____

Address: _____

Email: _____

1) Interested in:

Board Governance

Board Finance

Fundraising/Telethon

Capital Planning

Strategic Planning

Indigenous Advisory

2) Why are you interested in the Comox Valley Child Development Association?

3) Have you had previous experience or volunteer work with the CVCDA?



4) Please share your expertise and/or the contribution you would like to make to the CVCDA.

5) Employment history or other experience

Please attach your resume

6) Other current volunteer commitments:

7) List (2) references with contact information

Record checks for all CVCDA Board, Staff and Volunteers are required.

For Board Use:

- Nominee has had personal contact with current board members.
- Nominee has attended a board meeting. Date _____
- Criminal Record Check
- Resume

Board Action: _____ Date: _____

Board Chair: _____ Date: _____

