



Hugginz By Angel Foundation

APPLICATION FOR BOARD and/or COMMITTEE MEMBERSHIP

Personal Information:

Surname: _____ Given Name/s: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Skype ID: _____

Board members and volunteers with the Hugginz by Angel Foundation often work with vulnerable adults and children while representing our organization. Are you prepared to undergo a criminal record check as part of the Board and/or committee member screening process? ___ Yes ___ No

How did you hear about Hugginz By Angel?

Members of the Corporation include present Board Directors and those vetted for and eligible to be Directors in the future. All board members are eligible to vote at the AGM. Committee members do not have voting privileges at the AGM or within board meetings.

In addition to attending bi-monthly board meetings every board member must serve on at least one committee. What committee would interest you?

- Fundraising Committee – Meets weekly in the evening by SKYPE. Creates a yearly Fundraising plan and runs fundraisers
- Membership Committee- Meets monthly by SKYPE
- Studio Committee (headed by Cheryl & Angel)– Works with the CEO and Angel directly assisting in the running of the studio.

Background Information

Have you ever held a board position for an organization in the past? _____ If yes, please indicate the organization, the capacity in which you served and, if possible, the term served:

Education: _____

Skills: _____

Professional Memberships/affiliations: _____

Current Occupation: _____

How do you think your knowledge, experience and skills would contribute to helping with the operations of Hugginz By Angel as a Board and/or Committee member?

References: (nonfamily member please)

Professional Reference:

Name: _____ City: _____

Telephone: _____ Email: _____

Relationship: _____

Personal Reference:

Name: _____ City: _____

Telephone: _____ Email: _____

Relationship: _____

I hereby consent to Hugginz by Angel Foundation or its agent verifying or soliciting any information required as to my suitability for a position on the Board of Directors or on a Committee of the Board.

I also understand and accept this that, prior to being on the Board or a Board Committee, all persons who are accepted provide Hugginz By Angel with a Criminal Record Check and a working with vulnerable persons check dated within the last 30 days or agree to have one conducted by HUGGINZ on their behalf.

I hereby certify that the statements made by me are true and correct to the best of my knowledge.

Signed on this date: _____

_____ (signature)

----- Office use below-----

References Checked: _____ by: _____

Criminal Record Check Received: _____

Invitation extended: _____