

# MEDICINE HAT SPCA



55 Southwest Drive S.W.  
 Medicine Hat, AB T1A 8E8  
 1-403-526-7722

## Board of Directors Candidate Application

**Please Note:** In order to qualify to serve on the Board of Directors of the Medicine Hat SPCA, you must be a member in good standing; otherwise you are not able to vote at the Annual General Meeting. Also note, that we are a *working* Board of Directors and thus we have fairly high expectations for *time commitment*.

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

**Name:** \_\_\_\_\_

**Residence**

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail : \_\_\_\_\_

**Employer**

Name: \_\_\_\_\_

Your title: \_\_\_\_\_

Address: \_\_\_\_\_

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

Type of business or organization: \_\_\_\_\_

Primary service(s) and area/population served:  
 \_\_\_\_\_

Preferred method of contact:

Phone:

(Work) \_\_\_\_\_ (Residence) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

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

**Education/Training/Certificates**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you received any awards or honors that you'd like to mention?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you feel the **(MEDICINE HAT SPCA)** would benefit from your involvement on the Board?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

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

Finance, accounting  
Administration, management  
Nonprofit experience  
Community service  
Policy development  
Public relations, communications  
Education, instruction

Special events  
Grant writing  
Fundraising  
Other: \_\_\_\_\_  
Other : \_\_\_\_\_  
Other: \_\_\_\_\_

**Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of the MEDICINE HAT SPCA or anything else you would like to share.**

---

---

---

---

---

---

**Please list 3 people as references, preferably people that you have worked for or organizations where you have previously volunteered.**

Name of Reference	Business/Organization	Contact No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*\*Please Note: Prior or present Board experience is not a prerequisite.**

\*\*\*

**Thank you very much for applying.**

**The MHSPCA Board of Directors will review these applications and you may be contacted very soon to set up an interview.**