



Medicine Hat SPCA  
55 Southwest Drive, SW  
Medicine Hat, AB T1A 8E8  
Phone: 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: \_\_\_\_\_

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

Phone:  
(Home)\_\_\_\_\_ (Cell)\_\_\_\_\_ (Work)\_\_\_\_\_

Your Employer:  
Name: \_\_\_\_\_

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

Your Title: \_\_\_\_\_

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

Primary service(s) and area/population served:

\_\_\_\_\_



Medicine Hat SPCA  
55 Southwest Drive, SW  
Medicine Hat, AB T1A 8E8  
Phone: 1-403-526-7722

**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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Medicine Hat SPCA  
55 Southwest Drive, SW  
Medicine Hat, AB T1A 8E8  
Phone: 1-403-526-7722

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

- |                                     |       |                   |       |
|-------------------------------------|-------|-------------------|-------|
| Finance, accounting                 | _____ | Community service | _____ |
| Administration,<br>management       | _____ | Special events    | _____ |
| Nonprofit experience                | _____ | Grant writing     | _____ |
| Policy development                  | _____ | Fundraising       | _____ |
| Public relations,<br>communications | _____ | Other:_____       |       |
| Education, instruction              | _____ | 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 2 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 this application and you may be contacted very soon to set up an interview.