



Voices of Truth

Board of Directors Application

Name: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Phone (Home): _____ Phone (Cell): _____

Please note as a Board Member you must be computer literate and be comfortable working in word, excel, email, and zoom.

Please share your reasons for wanting to be part of Voices of Truth

Experience & Skills

Occupation: _____

BOARD EXPERIENCE	Check All that Apply
CEO/Enterprise Leadership	
Industry/Sector	
Governance/Board	
SKILLS/EXPERTISE	Check All that Apply
Financial	
Accounting/Audit	
Advocacy/Communications	
Development/Fundraising/Events	
Community Relations	
Diversity (e.g. gender, culture balance)	
Government/Public Sector Relations	
HR/Performance Management Compensation	
IT/E-Commerce/Privacy Management	
Legal/Regulatory	
Marketing/Sales	
Media Relations	
Risk & Controls	
Policy Development	
Resource/Project Management	
Strategic Planning	

The work of the Board of Directors is divided into several areas. Please indicate which areas would interest you. We will do our best to match our needs with your interests.

Please provide three:

AREA OF WORK	Y/N	EXPERIENCE
Finance		
Fund Development		
Legal Services		
Governance		
Community Networking		
Other (Please identify any other areas of interest or expertise)		

References and contact Information:

1) _____

2) _____

3) _____

Thanks for your interest and taking the time to complete and return this form.