



**THE CHILDREN'S AID SOCIETY
OF THE UNITED COUNTIES OF STORMONT, DUNDAS AND
GLENGARRY
(the "Corporation")**

APPLICATION TO BECOME A DIRECTOR

**TO: Governance Committee
Children's Aid Society of the United Counties of Stormont, Dundas and Glengarry**

**C/O: Executive Director
Children's Aid Society of
the United Counties of Stormont, Dundas and Glengarry
P.O. Box 983, 150 Boundary Road
Cornwall, Ontario K6H 5V1**

1. **Qualifications.** I, the undersigned, hereby apply to be considered for appointment as a Director of the Corporation, and in doing so, acknowledge and declare that: **[please initial each statement below to indicate your acknowledgement]**

- _____ a) I am at least eighteen (18) years of age;
- _____ b) I am not an undischarged bankrupt;
- _____ c) I am not a mentally incompetent person;
- _____ d) I am not a solicitor acting for the Society or for a client or party adverse in interest to the Society;
- _____ e) I am not an employee of the Society, permanent or contract;
- _____ f) I **am / am not** a foster parent; **(please select which one applies)**
- _____ g) I am not receiving services from the Society;
- _____ h) I am not an immediate family member of (e) above. "Immediate family" means your partner or parents, children, stepchildren, fostered or adopted children, brothers and sisters of you or your partner. Partner is the spouse or someone of either sex with whom you have a permanent relationship and with whom you live.
- _____ i) I agree to provide a vulnerable sector screening check as part of the application process and thereafter as requested by the Society.
- _____ j) I agree to provide proof that I have received a minimum of two (2) COVID-19 vaccinations.

2. **Residential Address.** My residential address is:

3. **Work Address.** My work address is (if not applicable, please indicate):

4. **Review of Director’s Responsibilities.** I confirm that I have reviewed the By-laws of the Society and agree that, if I am appointed as a Director of the Corporation, I: **[please initial each statement below to indicate your acknowledgement]**

- _____ will support the objectives of the Corporation;
- _____ will advise the Corporation if there is a circumstance that would cause me to automatically vacate the office of Director;
- _____ will abide by the conflict of interest and confidentiality provisions governing Directors;
- _____ will cooperate and assist the Board to fulfill its roles and responsibilities to the Corporation;
- _____ will fulfill the performance expectations of a member of the Board of Directors;
- _____ will participate on one Board committee;
- _____ understand that I will not be compensated for my services as a Director (as required by charitable law);
- _____ understand there is an expectation to attend all Board Meetings and all meetings of the committees to which I will be assigned; however, recognizing this may not always be possible, the Society’s By-laws do accept an attendance rate of at least 50% for Board and Committee meetings.

5. **Profile.** I understand that the Corporation wants to ensure that its Board of Directors has the necessary skills and experience to govern the Corporation and that the Board reflects the breadth, depth and diversity of the Catchment Area, including the demographic, cultural, linguistic, economic, geographic, ethnic and social characteristics of the community served by the Corporation. To assist the Corporation in establishing a Board that meets these objectives, I am providing the information requested below:

(a) I have skills or experience in the following areas: **[please check all that apply]**

Limited	Good	Strong	Skill or Experience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	prior experience in governance;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	strategic planning experience;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	understanding of the diverse needs of the region;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	previous experience in the field of child welfare;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	knowledge and experience in business and management;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	knowledge and experience in education;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	understanding of fiscal and financial matters;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	understanding of legal matters;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	knowledge and experience in human resource management;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	knowledge and experience in communications;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	knowledge and experience in IT/social media;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	knowledge and experience in government and public relations;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	risk management; and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

(b) My current occupation is:

(c) Languages: English
 French
 Other(s):

6. **Resume.** I attach a copy of my current resume, including previous and current governance experience. **[Please attach]**

7. **Conflict of Interest.** Below I disclose my participation or affiliation with any organizations that may create an actual or perceived conflict of interest with the Corporation:

The Children’s Aid Society of the United Counties of Stormont, Dundas & Glengarry is committed to building a skilled, diverse workforce reflective of our community. As a result, it promotes employment equity and encourages candidates to indicate voluntarily on their application if they are a woman, non-binary, an indigenous person, a person with a disability, LGBTQ2S+ or a member of a visible minority group. **[Please check all that apply.]**

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> woman | <input type="checkbox"/> LGBTQ2S+ |
| <input type="checkbox"/> non-binary | <input type="checkbox"/> person with disability |
| <input type="checkbox"/> indigenous | <input type="checkbox"/> member of visible minority group |

DECLARATION: If my application is approved, I agree to act as a Director of the Corporation and, in my capacity as a Director of the Corporation, I shall at all times act honestly and in good faith, in the best interest of the Corporation and abide by the Corporation’s By-Laws and all governing legislation. I understand that the term that I may serve as a Director is to be determined. I fully understand that any errors in my application may result in my application for consideration as a Director being refused or my Directorship being revoked. I undertake to advise the Corporation immediately in writing of any change in the information contained in this Application.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

Daytime Telephone Number: _____

Email Address: _____