

**Application Form**

*Board of Directors*

**Thank you for applying to represent your fellow fundraisers in your professional association by serving on the AFP Ottawa Chapter Board of Directors.** Please forward complete application package to secretariat@afpottawa.ca by April 15th, 2019 with “Board of Directors application” in the subject line. Contact Barbara at the email above or by phone at 613-590-1412 with any questions.

**Applicant Checklist**

![C:\Users\derekd\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8R4SRMYO\Ic_check_box_outline_blank_48px.svg[2].png]() I have attached my resume with my application

![C:\Users\derekd\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8R4SRMYO\Ic_check_box_outline_blank_48px.svg[2].png]() I have an active membership in AFP. Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(All AFP Ottawa Board Members must have an active membership)*

![C:\Users\derekd\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8R4SRMYO\Ic_check_box_outline_blank_48px.svg[2].png]() I have read AFP’s Ottawa Chapter Policies located at: <https://community.afpnet.org/afponottawachapter/aboutus23/about672>

![C:\Users\derekd\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8R4SRMYO\Ic_check_box_outline_blank_48px.svg[2].png]() I am a donor to the AFP Foundation for Philanthropy.

 (All AFP Ottawa Board Members are asked to be donors to the Chapter’s Every Member Campaign)

<https://community.afpnet.org/afponottawachapter/aboutus23/new-item2>

![C:\Users\derekd\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8R4SRMYO\Ic_check_box_outline_blank_48px.svg[2].png]() I am able to attend the AGM on **May 29th, 2019** from 5-7 p.m.

![C:\Users\derekd\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8R4SRMYO\Ic_check_box_outline_blank_48px.svg[2].png]() I am able to attend the mandatory board orientation on **June 10th, 2019** from 4 to 8 p.m.

![C:\Users\derekd\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8R4SRMYO\Ic_check_box_outline_blank_48px.svg[2].png]() I am aware that an attendance rate of less than 50% in a four month period or missing 3 consecutive meetings results in an automatic removal from the board of directors.

**List of positions on the AFP Ottawa Chapter Board of Directors**

|  |  |
| --- | --- |
| **2 year terms – Executive***(2019-2021)* | **1 year terms - Directors***(2019-2020)* |
| President | Inclusion, Diversity, Equity, Access | Professional Development |
| President-Elect | Philanthropy Awards | Partnerships |
| Treasurer | Engagement | External Relations |
| Secretary | Membership | Chapter Events |
| Past President | Fundraising Day | Director at Large |
| **Your Name:***(Please list any certifications, e.g. CFRE)* |  |
| **Organization:** |  |
| **Contact Details** *(Please indicate your preferred contact details – the AFP Ottawa website includes your email address so members or the general public can contact you regarding your portfolio)* |
| **Mailing Address:** |  |
| **Email:***(Public)* |  |
| **Phone Number:** |  |
| **Do you have the support of your organization for your role on the Board of Directors – this includes attending board meetings, committee meetings or AFP events.** |
| C:\Users\derekd\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8R4SRMYO\Ic_check_box_outline_blank_48px.svg[2].pngYes they are supportive C:\Users\derekd\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\8R4SRMYO\Ic_check_box_outline_blank_48px.svg[2].pngNo, this is something I will have to do outside work hours |
| **Board position you are applying for:** |  |
| **Please provide an overview of your relevant experience or qualifications for this position:** |
|  |
| **Please indicate your primary reasons for wanting to join the Board of Directors:** |  |
| **Reference** *(Please provide the contact name and information for a current AFP Board member, employer or co-worker)* | Name:Telephone:Email:  |