

**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](mailto: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**

 I have attached my resume with my application

 I have an active membership in AFP. Membership Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 I have read AFP’s Ottawa Chapter Policies located at: <https://community.afpnet.org/afponottawachapter/aboutus23/about672>

 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>

 I am able to attend the AGM on **May 29th, 2019** from 5-7 p.m.

 I am able to attend the mandatory board orientation on **June 10th, 2019** from 4 to 8 p.m.

 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: | |