



AFRICAN COMMUNITY SERVICES OF PEEL
20 NELSON STREET, SUITE LL 102
BRAMPTON, ON
L6X 2M5
TEL: (905) 460-9514
FAX: (905) 460-9769

BOARD MEMBERSHIP APPLICATION FORM

Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Tel. (Home): _____ Tel. (Business): _____

E-Mail: _____

Work History: Briefly list your work experience (last two jobs), positions held, duties, and names of employers.

Current and Past Volunteer Experience: Briefly list your past and current volunteer experience or community involvement including organizations volunteered in.

Work Areas of Interest: Please indicate the area of responsibility you are most interested in volunteering in, based on your skills and interests.

- | | | | |
|------------------------------|-----------------------|--------------------------------|-----------------------|
| Finance | <input type="radio"/> | Program Development | <input type="radio"/> |
| Personell | <input type="radio"/> | Community Development | <input type="radio"/> |
| Fundraising | <input type="radio"/> | Executive | <input type="radio"/> |
| Membership/Board Recruitment | <input type="radio"/> | Promotion/Marketing/Networking | <input type="radio"/> |

Other Affiliations: I am a member of/have been affiliated with the following organizations:

- 1) _____
- 2) _____
- 3) _____

Languages Spoken: _____

DECLARATION:

I, _____ fully understand and commit to the Mission and Mandate of African Community Services of Peel. I commit to serving _____ years on the Board if elected.

Signature: _____ **Date:** _____