



**African Community Services of Peel**  
**10 Gillingham Drive, Suite 308**  
**Brampton, Ontario L6X 5A5**  
**Tel: (905) 460-9514**  
**Fax: (905) 460-9769**  
**E-mail: [info@africancommunityservices.com](mailto:info@africancommunityservices.com)**

**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 employer

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**Current and Past Volunteer Experiences:** Briefly list your current and Past Volunteer experiences or community involvement including organizations volunteered in.

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**Work Area of Interest:** Please indicate the area of responsibility you are most interested in volunteering in based on your skills and interest

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

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Language 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:** \_\_\_\_\_