

OPERATING THE HUNTSVILLE  
ANIMAL WELLNESS FUND

Unit 1028, 3 Main Street West  
Huntsville, ON P1H 0A3  
info@huntsvilleanimalwellnessfund.ca  
Charitable Registration # 118787266RR0001

## Application for Board of Directors

### APPLICANT INFORMATION

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone ( home ): \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_

EXPERIENCE & SKILLS: Please check all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting / Financial         | <input type="checkbox"/> Business               |
| <input type="checkbox"/> Entrepreneur                   | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Community Services             | <input type="checkbox"/> Legal                  |
| <input type="checkbox"/> Management                     | <input type="checkbox"/> Public Relations       |
| <input type="checkbox"/> Public Speaking                | <input type="checkbox"/> Animal Care            |
| <input type="checkbox"/> Fundraising                    | <input type="checkbox"/> Other Boards           |
| <input type="checkbox"/> Other ( please explain ) ----- |   |

Why do you want to be on the Huntsville Animal Wellness Fund Board of Directors?

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Responsibilities of each Director of the Huntsville Animal Wellness Fund

Each Director shall:

- 1) Work co-operatively and respectfully as a member of a team with other Directors
- 2) Respect and abide by Board decisions and the Bylaws
- 3) Regularly attend Board and any Committee meetings
- 4) Assist with any fundraising events

## Qualifications and Statement of Commitment

I, the undersigned acknowledge and declare that:

- I am 18 or more years of age
- I can regularly attend monthly Board meetings
- I can, with notice, attend additional meetings
- I can devote at least 10-15 hours per month to the Board of Directors
- I confirm that I have reviewed the responsibilities of each Director and agree that I will serve as a Director in accordance with the Responsibilities of Individual Directors, including Board confidentiality
- I can serve a term of 2 or 3 years as a Director

If elected, I understand and agree to fulfill these responsibilities and time commitments to the best of my ability.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please complete and return this application to:

Huntsville Animal Wellness Fund  
Unit 1028, 3 Main Street West  
Huntsville, ON P1H 0A3

Thank you for your interest in the Huntsville Animal Wellness Fund.