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| **Basic Information** | | | | |
| Name: | | Click here to enter text. | | |
| Email Address: | | Click here to enter text. | | |
| Phone Number: | | Click here to enter text. | | |
| Are you at least 18 years of age? | | Choose an item. | | |
| Which region do you live in?  If “Other,” what region do you live in? | | Choose an item.  Click here to enter text. | | |
| How did you hear about this posting? | | Click here to enter text. | | |
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| **Reason for Expressing Interest** | | | | |
| Briefly explain why you would like to join the CMHA Waterloo Wellington Board of Directors.  Click here to enter text. | | | | |
| Briefly explain any experience you have that relates to helping marginalized and underrepresented individuals, particularly those with mental health & substance use health challenges and developmental disabilities.  Click here to enter text. | | | | |
| Is there any other information the Selection Committee should consider as they review your application?  Click here to enter text. | | | | |
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| **Knowledge, Skills, Experience** | | | | |
| Please indicate your areas of knowledge, skills and experience below.  **Basic** – limited exposure **Intermediate** – personal or work experience; some training or education **Advanced** – competent practitioner or expert; able to instruct or advise others in the skill area | | | | |
| **Board and Governance** | Choose an item. | | **Mental Health** | Choose an item. |
| **Strategic Planning** | Choose an item. | | **Substance Use Health** | Choose an item. |
| **Finance** | Choose an item. | | **Front Line/Clinical Healthcare** | Choose an item. |
| **Fund Development** | Choose an item. | | **Lived Experience** | Choose an item. |
| **Project Management** | Choose an item. | | **Patient and Healthcare Advocacy** | Choose an item. |
| **Research** | Choose an item. | | **Government/ Government Relations** | Choose an item.  Choose an item. |
| **Ethics** | Choose an item. | |
| **Equity, Inclusion, Diversity, and Anti-racism** | Choose an item. | | **Public Relations** | Choose an item. |
| **Risk Management** | Choose an item. | | **Communications** | Choose an item. |
| **Privacy** | Choose an item. | | **Stakeholder/ Community Engagement** | Choose an item. |
| **Quality Improvement** | Choose an item. | |
| **Healthcare Administration & Policy** | Choose an item. | | **Education** | Choose an item. |
| **Human Resources** | Choose an item. | | **Legal** | Choose an item. |
| **Labour Relations** | Choose an item. | | **Information Technology** | Choose an item. |
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| **Submit your application, along with your resume, to:** Heather Snider, [hsnider@cmhaww.ca](mailto:hsnider@cmhaww.ca)  **Application deadline:** End of day on Tuesday, December 3, 2024  **Related information:**   * Due to the nature of the population served by the organization, a vulnerable sector police records check is required, should you be a successful candidate. * Interviews will take place shortly after the application deadline.   Please contact Heather Snider if you need any assistance throughout the application or interview process.   * [hsnider@cmhaww.ca](mailto:hsnider@cmhaww.ca) * 519-400-4770   **Thank you for your interest!** | | | | |
| **NOTICE OF COLLECTION:**  Canadian Mental Health Association Waterloo-Wellington is committed to protecting personal information by following responsible information handling practices in keeping with privacy laws. Information collected on this form is collected in accordance with PHIPA. It will be used for recruitment purposes, to maintain volunteer records, and to make placements. All applicants are considered equally as to their potential suitability to volunteer regardless of race, religion, national origin, citizenship, age, gender, sexual orientation, family status, or abilities. This complies with the Charter of Rights and Freedoms and the Ontario Human Right Code. Questions regarding this collection should be forwarded to [corporate@cmhaww.ca](mailto:corporate@cmhaww.ca). | | | | |