

**FAMILY SERVICES OF GREATER VANCOUVER (FSGV)  
BOARD DIRECTOR APPLICATION**

Please attach a copy of your resume to this application. Thank you.

We are very pleased you are considering joining the Board of Family Services of Greater Vancouver. As part of the process, we invite you to provide us with the following information. Should you wish to discuss the role prior to submitting an application, please contact us at [board@fsgv.ca](mailto:board@fsgv.ca).

Please sign/date and return a completed copy of the application form, along with a copy of your resume via email to [board@fsgv.ca](mailto:board@fsgv.ca) or Board of Directors, FSGV – 201-1638 East Broadway, Vancouver, BC V5N 1W1.

NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT PREFERENCE: \_\_\_\_\_

Do you have previous experience on a Board? Yes \_\_\_\_\_ No \_\_\_\_\_  
Not for Profit Board Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Organization: \_\_\_\_\_

The FSGV Board has primary oversight and strategic responsibility to ensure that the Agency fulfills its mission, strategic goals and to realize its opportunities and obligations for service. Annually, the Board reviews the desired skills and attributes it requires to meet its mandate. This includes business leaders who are active in philanthropic circles. All of our board members contribute financially and with the expectation to be involved in some type of fund development capacity either personally, through corporate sponsorship, and/or networking.

Please list any previous contact with the Agency or the Family Service of Greater Vancouver Foundation.

Briefly outlined below why are you interested in becoming a member of the FSGV Board of Directors.

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Please list the skills and perspective you will bring to the FSGV Board of Directors.

Board members are expected to participate on one or more Board committees, please check below any specific areas of interest you have regarding committee membership.

Finance/Audit       Human Resources   
Governance       Nominating

Please provide a business reference we may contact as part of the review process.

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Please provide a personal reference we may contact as part of the review process.

**Name** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Disclosure of Conflict Of Interest:** Are you involved in any activity that could be seen as a conflict of interest serving on the board, or in conflict of any of the services the agency provides.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

**Criminal Record Check:** The application process to be a member of the FSGV Board includes successful criminal record check clearance (paid for by the Agency).

**Canada Revenue Agency (CRA):** As a registered charity, the Agency must submit a T3010 Information Return to the CRA including a list of all current directors, their date of birth and contact information. To be on the Board of Family Services, you agree that this personal information be shared with the CRA. For more information on what the CRA may do with this personal information please refer to the following site CRA webpage: [Personal information of directors, trustees and like officials](#)

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*The BC Societies Act (Section 44):* In British Columbia, a person must not be a Director if found by any court, in Canada or elsewhere, to be incapable of managing the individual's own affairs; an undischarged bankrupt, or convicted in or out of British Columbia of an offence in connection with the promotion, formation or management of a corporation or unincorporated entity, or of an offence involving fraud

*Time Commitment:* The time commitment as a Director is anticipated to be in the range of five to eight hours per month.

**By signing this application, you confirm you are committed to engaging in the activities of being a Board Member, and, that you are qualified under Section 44 of the BC Societies Act (above)**

**Applicant Signature:** \_\_\_\_\_

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

**Thank you for your interest in Family Services of Greater Vancouver!**