



**Canadian Mental  
Health Association**  
Fort Frances Branch  
*Mental health for all*

## Application for Board of Directors

### Part 1: Instructions

- To apply to be a member of the Canadian Mental Health Fort Frances Branch Board of Directors, you must complete this form and submit it to the President/designate.
- Please submit your completed form and resume by mail, fax, or email to the following address:

Via Mail:

CMHAFF Board President c/o  
CMHAFF Administration  
CMHA Fort Frances Branch  
P.O. Box 446  
Fort Frances, Ontario  
P9A 3M8

Via email: [cmhaff@cmhaff.ca](mailto:cmhaff@cmhaff.ca)

Via fax: 807-274-2473

### Part 2: Personal Identification

Name		
Address	Business:	
	Home:	
Telephone Numbers	Business:	Home:
Fax Number	Business:	Home:
E-Mail Address	Business:	Home:

### Part 3: Eligibility Criteria and Conditions of Nominations

1. Applicant must be eighteen (18) years of age or older;
2. Applicants will be a Member in good standing of the Corporation or become a Member within ten (10) days after being elected as a Director, and
3. Applicants may not be an Excluded Person.  
"Excluded Person" means:
  - (i) any employee or staff member of the CMHA Fort Frances Branch, a Branch of CMHA National; or
  - (ii) any spouse (including common law or same sex spouse), dependent child, parent, brother or sister of a person listed in (i) or (ii) above.
4. Undischarged bankrupts are ineligible to serve as a director.
5. Applicants will be required to provide a recent Vulnerable Sector Check obtained from your local Kenora- Rainy River District OPP Detachment to be placed in the Association's files.
6. Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligations and working cooperatively and respectfully with other board members. Directors must comply with legislation governing the corporation, the corporation's by-laws and policies, and all other applicable regulations and policy.

### Part 4: Background

Please tell us about your education and employment history:

---

---

---

---

Please list any previous and/or current board experience:

---

---

---

---

Please describe any professional involvement you have had with health care providers within the Kenora- Rainy River District:

---

---

---

---

Please describe any current and/or previous community involvement e.g., volunteer, committees:

---

---

---

---

### **Part 5: Conflict of Interest Disclosure Statement**

Directors must avoid conflicts between their self-interest and their duty to the corporation. In the space below, please identify any relationship with any organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

---

---

---

---

### **Part 6: Personal Motivation**

Why do you want to join the Canadian Mental Health Association, Fort Frances Branch Board? What do you bring to the group? What do you hope to learn?

---

---

---

---

---

---

---

---

---

---

---

---

If comfortable, please describe any personal or family involvement with the mental health & addictions sector:

---

---

---

---

### **Part 7: Knowledge, Skills and Experience**

The board seeks a complementary balance of knowledge, skills, experience, and diversity. Please indicate your areas of knowledge, skills and experience by completing Schedule A to this application.

### **Part 8: Declaration**

By submitting this application, I declare the following:

- I meet the eligibility criteria and accept the conditions of appointment set out above.
- I certify that the information in this application is true.

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

## Application for Membership: Schedule A

### Board Knowledge, Skills and Experience Matrix

Please indicate your areas of knowledge, skills and experience by checking off the relevant boxes in the table below. It is not expected that you possess knowledge, skill or experience in all the areas set out in the table. Please indicate only those areas that apply to you.

<b>Accounting</b>			<b>Mental Health &amp; Addictions Knowledge</b>		
<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
<b>Advocacy</b>			<b>Mental health &amp; Addictions Sector Experience</b>		
<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
<b>Board and Governance</b>			<b>Labour Relations</b>		
<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
<b>Business/Corporate Management</b>			<b>Legal</b>		
<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
<b>Construction and Project Management</b>			<b>Political Acumen</b>		
<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
<b>Education</b>			<b>Public Affairs and Communications</b>		
<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
<b>Ethics</b>			<b>Quality and Performance Management</b>		
<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
<b>Finance</b>			<b>Research</b>		
<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
<b>Government and Government Relations</b>			<b>Risk Management</b>		
<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
<b>Human Resources Management</b>			<b>Strategic Planning</b>		
<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
<b>Information Technology</b>			<b>Lived Experience/Client/Family</b>		
<input type="checkbox"/> None	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Yes	<input type="checkbox"/> No	