



Date: _____

Start Date: _____

Glanbrook Community Services (GCS)
Board Candidate Application

NAME: _____

ADDRESS:

TELEPHONE #: _____ Text: Yes ___ No _____

EMAIL: _____

Date of Birth (required for CRA): _____

Covid Vaccine? First ___ Second ___ Booster ___ Date of last shot: _____

Do you have a current (one year or less) Police Check?: YES ___ NO ___

How did you hear about GCS?:

EMPLOYMENT: Please attach your most recent resume or write on back

VOLUNTEERING EXPERIENCE:

HOBBIES / INTERESTS:

REFERENCE # 1 (please include name, phone number and email)

REFERENCE # 2 (please include name, phone # and email)

TIME AVAILABLE: e.g. Day, night, morning evening, weekday or weekends
