

COMMUNITY LIVING IROQUOIS FALLS/
L'INTEGRATION COMMUNAUTAIRE

Director Application Form

Date: _____

Name: _____

Address: _____

Phone: _____

Email (optional): _____

Director Applicants: (Please check all circles off that applies' to you)

- Supports the organization's Vision and Mission (attached)
- Is following the required application process
- Is an individual, not a company or other entity
- Is 18 years of age or over
- Does not have a status of bankrupt
- Has not been found under the Substitute Decisions Act, 1992 or under the Mental Health Act to be incapable of managing property
- Has not been found to be incapable by any court in Canada or elsewhere
- Agrees to act as a Director
- Will provide a clear criminal reference check
- Is in support of the Board model (Policy Governance)
- Is not a person with a developmental disability receiving services from C.L.I.F.I.C.
- Is not an employee of C.L.I.F.I.C.

- Has not been an employee of C.L.I.F.I.C. at any time in the last two years
- Is not related to an employee of C.L.I.F.I.C. (“related” and related person” meaning mother or step-mother, father or step-father, brother or step-brother, sister or step-sister, daughter or step-daughter, son or step-son, or partner)
- Is not related to a person receiving service from C.L.I.F.I.C.
- Is not related to a Director of C.L.I.F.I.C. Board or related to another candidate applying for the C.L.I.F.I.C. Board.
- Is prepared and committed in attending monthly Board meetings on a regular bases. From time to time, circumstances may call for additional meetings.
- All Director applications require Board approval

I declare that the above information is accurate.

Signature

Date

** All applicants will receive notification of date their application will be reviewed.

Upon Boards review, all applicants will receive notification of status within 30 Days.

