



**Board of Director Application Form - 2022**

**Our Mission**

Community Care Northumberland improves the health and wellbeing of our community through the creation, coordination and deliver of relevant community based programs.

**Our Vision**

Improving the quality of life for individuals in our communities.

**Our Core Values**

- Being Accountable
- Being Collaborative
- Being Generous
- Being Inclusive
- Being Respectful
- Creating opportunities for staff and volunteers to contribute to their own and CCN success.

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

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Work Address (if applicable):** \_\_\_\_\_

**Work/Cell phone:** \_\_\_\_\_

**Profile:** Community Care Northumberland wants to ensure that its Board of Directors has the necessary skills and experience to govern the organization. Please provide some brief information below to help us in meeting these objectives.

Let us know your areas of knowledge, skills, and experience by checking off any of the relevant boxes in the table below.	Level of Skill*		
	Basic	Intermediate	Advanced
Board and Governance			
Building/Plant Operations			
Client Advocacy			
Client, family member, caregiver of Community Care services			
Community Engagement (communications/marketing)			



**Community Care**  
NORTHUMBERLAND

	Basic	Intermediate	Advanced
Financial and Business skills			
Fundraising/Donor Relations/Capital Campaigns			
Government and Government Relations			
Health Care - administration and policy			
Health Care – direct service delivery			
Human Resources			
Information and Technology			
Knowledge of health system needs, issues, trends			
Knowledge of the Non-profit/charitable sector			
Knowledge in the area of Diversity, Equity & Inclusion			
Legal			
Quality and Risk Management			
Strategic Planning			
Volunteer Management			
Please Include any skills not Identified:			

**\*Basic skills may include practical experience, informal learning, general knowledge etc. Advanced skills may include significant past experience (e.g. 3+ years) or certifications/designations (e.g. CA Chartered Accountant)**

**In what Municipality do you feel most knowledgeable or most familiar about?**

Municipality of Brighton \_\_\_\_\_

Municipality of Port Hope \_\_\_\_\_

Municipality of Trent Hills \_\_\_\_\_

Cramahe Township \_\_\_\_\_



Town of Cobourg \_\_\_\_\_

Municipality of Alnwick/Haldimand \_\_\_\_\_

Other \_\_\_\_\_

**What CCN program area do you have knowledge and expertise in? (check any or all that apply)**

	General Knowledge	Specific CCN Experience
<b>Nutrition Services</b> ( <i>meals on wheels, community dining</i> )	_____	_____
<b>In Home Services</b> ( <i>hospital to home programs, home help &amp; Maintenance, personal distress alarms, respite, caregiver supports</i> )	_____	_____
<b>Transportation Services</b>	_____	_____
<b>Wellness Services</b> ( <i>friendly visiting, telephone reassurance, Exercise and falls prevention classes, wellness workshops</i> )	_____	_____
<b>Hospice Services</b> ( <i>volunteer visiting, grief and bereavement, End of life care</i> )	_____	_____
<b>Fundraising &amp; Special Events</b>	_____	_____

**Brief Biographical sketch (or resume):** Please provide a brief outline about your work and community experiences, your qualifications, experiences and the reasons why you wish to serve on the Board of CCN as a Director.

Applications will be reviewed by the Nominating Committee. Successful candidates will be required to complete a criminal/vulnerable sector check. If you have questions regarding this application please direct them to Tina Stephens, Executive Assistant, Community Care Northumberland – 1-866-514-5774 [t.stephens@commcare.ca](mailto:t.stephens@commcare.ca) Fax – 705-653-0932.

Please send completed application information to Tina Stephens at the contact information above.