

Thank you for your interest in joining our Board of Directors. Our Board plays a vital role in promoting our vision and increasing gifted awareness within our community. We welcome individual applicants with suitable skills and experience to help us grow our services in this community.



| APPLICANT CONTACT INFORMATION | | | |
|--|--|-------------------------------|---|
| NAME | | HONORIFIC | |
| ADDRESS | | POSTAL CODE | |
| PHONE | | I am at least 18 years old | Y |
| EMAIL | | | |
| Applying for the following positions | | | |

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| What motivates you to become a board member for the Gifted Children's Association of BC? | |
| Describe your education history. | |
| Describe your employment experience. | |

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| <p>What previous and current board experience do you have (if any)?</p> | |
| <p>Describe any previous and current community involvement and volunteer experience.</p> | |
| <p>What qualifications and/or skills would you bring to the board?</p> | |
| <p>The GCABC is a working board which means the Directors both create and implement the organization's goals and strategies as well as maintain operations. How many hours per month are you able to commit to board work?</p> | |

| <p>Please List 2 References</p> | | |
|--|---------------------|---------------------|
| <p>NAME</p> | <p>EMAIL</p> | <p>PHONE</p> |
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