



Mailing Address:
 200 North Service Rd. West
 #424, Unit 1
 Oakville, ON L6M 2Y1
 Main: (905) 339-2370
 Charity No: 85975 5308 RR0001

Board of Directors - Application Form

Thank you for your interest in joining our Board of Directors at Home Suite Hope. Our board members play a key role in achieving our mission and vision to unite a network of vital support services for our families on their journey from poverty to stability. Ultimately, changing lives permanently for the better.

Applications are accepted year round. Only eligible candidates will be contacted.

Applicant Profile			
Name			Phone Number
Address			
City	Prov	Postal Code	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Diverse		
Age	<input type="checkbox"/> 18-30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> 61-70 <input type="checkbox"/> 71+		
Company			
Company Position	<input type="checkbox"/> Entry-Level <input type="checkbox"/> Associate-Level <input type="checkbox"/> Management <input type="checkbox"/> Sr. Management <input type="checkbox"/> Executive-Level <input type="checkbox"/> Entrepreneur/Stay-at-Home <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____		

What motivates you to become a board member for Home Suite Hope?

Skill Sets (Please select all that apply)	
Accountant	Live Experience
Advocacy	Marketing
Economic Development	Media Contacts
Fundraising	Previous Board Experience
Fit/Chemistry/Team	Professional Designation
Human Resources	Social or Health Services
Information Technology	Strategic Planning
Insurance	Other:
Legal	

Would you be interested in sitting on a board committee? (Please select all that apply)	
Finance	Fundraising
Human Resources	Governance



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I self-identify as (Optional – please select all that apply)			
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Black	<input type="checkbox"/>	Middle Eastern
<input type="checkbox"/>	Indigenous/First Nations/Metis	<input type="checkbox"/>	Other:

I self-identify as a person who (Optional – please select all that apply)			
<input type="checkbox"/>	Has a disability	<input type="checkbox"/>	Has experience poverty/homelessness
<input type="checkbox"/>	Is part of the LGBTQ2+ Community	<input type="checkbox"/>	Is a past participant with HSH
<input type="checkbox"/>	Is or was a single parent	<input type="checkbox"/>	Other:

References (Optional)	
1st Reference Name	
Relationship	
Telephone	
Email	
2nd Reference Name	
Relationship	
Telephone	
Email	

Note: A Criminal Reference Check will be required to join.

By submitting this application and a resume, I declare:

- All the above information is true and accurate.
- I am aware that in order to join the Board of Directors, a criminal reference check will be requested of me and I am willing to complete one.
- Listed references can be contacted.

Applicant Name (Please Print)			
Applicant Signature		Date	

Please submit this form along with a resume:

Mail: Home Suite Hope Shared Living Corp
 1-200 North Service Rd W, #424,
 Oakville, ON, L6M 2Y1
 “Attn: Sara Cumming”

Email: info@homesuitehope.org