



**LANGLEY HOSPICE SOCIETY  
OR  
LANGLEY HOSPICE FOUNDATION  
BOARD OF DIRECTORS APPLICATION  
(Confidential)**

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROV: \_\_\_\_\_ POSTAL: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

PREFERRED CONTACT PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN THE COMMUNITY? \_\_\_\_\_

PROFESSION: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

If you have been with this employer less than five years, please list other employers over the past five years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SCHOOL PRESENTLY ATTENDING (if applicable): \_\_\_\_\_

ARE YOU 19 YEARS OF AGE OR OLDER?       yes       no

ARE YOU A MEMBER IN GOOD STANDING OF THE LANGLEY HOSPICE SOCIETY?

yes       no

**INDICATE FOR WHICH ORGANIZATION YOU ARE APPLYING (tick one):**

Langley Hospice Society     

Langley Hospice Foundation

*Please answer the following questions on the lines provided below, or you may record your answers on a separate paper and staple to your application. You may also attach a resume if desired.*

Why do you wish to be on the board of the Langley Hospice Society or Foundation?

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Describe any skills; background or experiences you have had that you feel would be relative to the purpose and goals of the Langley Hospice Society or Foundation:

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Describe any past volunteer experience or experiences in the non-profit sector:

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Describe any previous or present board experience:

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Are you aware of any real or perceived conflict of interest, which exists or could arise in the future in connection with your performance as a member of the Board of Directors? If so, please describe:

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Additional comments or questions:

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REFERENCES WHOM WE MAY CONTACT (other than family members)

Name	Name
Phone	Phone
Relationship	Relationship

**Declaration**

I hereby declare that the above information is true and complete to the best of my knowledge. If endorsed by the Nominations Committee and approved by the Board of Directors, I hereby promise and undertake to honestly and faithfully perform my duties and responsibilities as a member of the Board of Directors to the best of my abilities and in accordance with all laws and regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for collection of personal information:**

I, \_\_\_\_\_, authorize the Langley Hospice Society or  
(name of applicant)

Foundation to collect personal information appropriate to the position applied for concerning my academic background and employment/volunteering history and to verify the character references I have supplied. I understand that the information will be kept confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Langley Hospice Mission Statement:**

Langley Hospice Society, a community based, non-profit organization, provides compassionate support to help people live with dignity and hope while coping with grief and the end of life.

March 19, 2007