

Contact Information	
Name:	
Home Address:	
Phone:	Fax:
Email:	
Company Name:	Note: If applicable
Work Address:	Note: If applicable
Work Phone:	Work Fax:
Work Email:	
Sector representation:	Date of Application:

The Commitment

Monthly, 2–3 hours. CABH currently meets monthly on the third Thursday of the month from 9:30am to 1130am. Longer meetings may be scheduled if needed. Committee work if interested, and attendance at homeless initiative events are spread out throughout the year.

Experience

Please indicate your experience in the following areas:

	Very Experienced	Some Experience	Little to No Experience
Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board Development (recruitment, training, evaluation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Analysis and Understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication, Public and Media Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in Interagency Committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Experience

Please indicate your experience in the following areas:

	Very Experienced	Some Experience	Little to No Experience
Information Technology / Website Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of Request for Proposals Processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Local, Provincial, and Federal Homeless Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Diverse Population Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Housing Markets and Trends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the items you checked as "very experienced" or "some experience", please provide details. ** See below.

Experience

1. What interests you most about working with CABH? What key skills and attributes would you to bring to CABH?

2. Outline any experience you have had as a board member

3. Describe your experience with a governance board, advisory board, working board or as a committee member.**

Experience

4. Who may we contact for information about your involvement in these positions?

5. What do you hope to achieve personally or professionally through your contributions to CABH?

6. Can you think of any possible conflicts of interest or perceived conflicts that may affect your application?
If so, please describe.

Submissions

Please submit completed form via email to: housing@cityofgp.com