



5713 51 Avenue Innisfail AB T4G 1R4
www.IFDHS.ca Ph: 403-227-2767

Advisory Board Member Nominee Application Form

Complete this form and return to the Innisfail Family Day Home Society, 5713 51 Ave, Innisfail AB T4G1R4 or innisfailfdh@shawbiz.ca

Name _____

Address _____

Phone (hm) _____ (wk/cell) _____

E-mail address _____

Are you prepared to make a minimum 1 year commitment? Yes _____ No _____

Relevant community experience and/or employment (a resume may be attached):

Why are you interested in serving as an Advisory Board member of the Innisfail Family Day Home Society?

Area(s) of expertise/contributions you feel you can make as an Advisory Board member:



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Other current volunteer commitments:

Please list (2) references

Name _____ Contact Info _____

Name _____ Contact Info _____

Prospective Advisory Board members Signature: _____

Date: _____

*****For Board Committee Use*****

____ Nominee's Application reviewed by the Coordinator and Advisory Board on _____

____ Nominee interviewed by Coordinator on _____

Action taken by the board: _____