

**Board of Directors Application Form**

Thank you for your interest in serving as a member of the Board of Directors of the West Country Historical Society "WCHS" (operators of the Bideford Parsonage Museum). Serving on a board is a rewarding experience and an opportunity for personal and professional growth. Completing this form will help you understand the skills, time and resource commitments of this leadership position. You may find it helpful to read through the entire application and our "Director's Orientation Manual" before you begin filling it out.

Please return your completed application to:

West Country Historical Society  
Attention: Wayne Trowsdale  
784 Bideford Road, Bideford, PE  
C0B 1J0

Or email your application to:

bpm.bideford@gmail.com

Applications are used by the Board's Nominating Working Group to identify and evaluate potential board candidates. All new directors are elected by a majority vote of current Society members.

The following information will be shared with other members of the Board of Directors of WCHS.

Your name: \_\_\_\_\_

Your Home Phone Number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Your address: \_\_\_\_\_

Your email address (please write it carefully): \_\_\_\_\_

Briefly describe why you would like to join our Board of Directors \_\_\_\_\_

Your current organizational affiliations (names of the organization and your role(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Which of your skills would you like to utilize on the Board? Check those that apply:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Board development   | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training              |
| <input type="checkbox"/> Strategic planning  | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> Marketing             |
| <input type="checkbox"/> Staffing / HR       | <input type="checkbox"/> Evaluation           | <input type="checkbox"/> Volunteer management  |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Facilities management |

Other skill(s) of yours that you would like to utilize? \_\_\_\_\_

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What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

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If you join the Board, you agree that you can provide at least 4-8 hours a month to attend Board and/or Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: \_\_\_\_\_

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

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

- ☐ Yes ☐ No ☐ Perhaps

*This application will be kept confidential and on file for four (4) years from the date that it is received..*

Received:

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