

## Application to the Board of Directors

Information on this form will be used solely to inform the nominations process. Information on this form will not be released publicly without nominee's approval. If you have any questions, or if you need help to complete the application form, please call 416-778-5805 ext. 211 or email [communications@eastendchc.on.ca](mailto:communications@eastendchc.on.ca)

### Part 1 - Contact Information

|                |  |              |  |
|----------------|--|--------------|--|
| First Name:    |  | Last Name:   |  |
| Email Address: |  |              |  |
| Cell Phone:    |  | Other Phone: |  |
| Home Address:  |  |              |  |
| City:          |  | Postal Code: |  |

### Part 2 – Eligibility and Conditions of Appointment

All members who apply to serve on the Board must satisfy the following eligibility requirements in order to be on the board:

- Must be at least 18 years old
- Cannot be an employee, or a spouse, partner, child or parent of an employee of East End CHC
- A director is expected to commit the time required to perform board and committee duties. The board meets about 8 times per year, typically on Thursday evenings.
- Meetings are typically held in-person at East End Community Health Centre. Directors must be up to date on COVID vaccines and proof of vaccination status will need to be submitted.
- Directors will be required to submit to a criminal records check
- Directors must sign a declaration confirming their consent to be a director of East End CHC's board and to sign the Centre's Confidentially Agreement and Code of Conduct.
- Undischarged bankrupts are ineligible to serve as directors in Ontario
- Must apply for membership to East End CHC and support the Centre's vision, mission and values.
- Must live in East End Community Health Centre's catchment area (see map below).



Do you live in the catchment area?

Yes ☐ No ☐

### Part 3 – General

- a) Do you work in our catchment area or does the organization you work for serve clients of East End CHC? ☐ Yes ☐ No

If so, what is the name of organization that employs you?

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- b) Do you use East End CHC's clinical services? ☐ Yes ☐ No

If yes, which services? \_\_\_\_\_

- c) Have you participated in any of our groups or programs? ☐ Yes ☐ No

If yes, which group or program? \_\_\_\_\_

- d) How long have you been using East End CHC's services, if applicable? \_\_\_\_\_

- e) To help inform our outreach activities, please tell us how you heard about this opportunity

- |                                                          |                                                                          |
|----------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Centre's website                | <input type="checkbox"/> Social Media (e.g. LinkedIn, Twitter, Facebook) |
| <input type="checkbox"/> Staff                           | <input type="checkbox"/> Board Member                                    |
| <input type="checkbox"/> Waiting room notice             | <input type="checkbox"/> Word of Mouth                                   |
| <input type="checkbox"/> Printed newspaper advertisement | <input type="checkbox"/> Other                                           |

If other, please describe:

### Part 4 – Conflicts of Interest

Members of the board of East End CHC must ensure that their personal interests do not interfere with their duties as a board member. A conflict of interest arises when your personal interests conflict, or are perceived to conflict, with the interests of East End CHC. You are required to disclose any personal interests that may conflict with the interests of this board. Disclosure does not disqualify you from consideration for a board of director's position.

1. Do you have any personal interests that may conflict with the interests of the position for which you are applying? ☐ Yes ☐ No

1a. If yes, please specify the position you hold or what any personal conflicts of interest might be.

### Part 5 - References:

We would like your permission to contact two people who know you well and can provide a reference.

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

How do you know this person? \_\_\_\_\_

## Part 6 – Board Qualifications

|                                                                                           |  |
|-------------------------------------------------------------------------------------------|--|
| <p>What motivates you to become a board member for East End CHC?</p>                      |  |
| <p>What special qualifications, skills and/or knowledge would you bring to the board?</p> |  |

|                                                                                                                        |  |
|------------------------------------------------------------------------------------------------------------------------|--|
| Please describe any past board or volunteer experience (including the types of boards on which you have participated). |  |
| Please describe your understanding of a board member's role with East End CHC.                                         |  |

**Skills and Knowledge** - includes skills and knowledge gained from personal/lived experience, education and work experience - (please self-rate on scale of 1 to 3 where 1 = no skills/knowledge, 2 = moderate skills/knowledge, 3 = significant skills/knowledge)

| Skill/Knowledge                                                                           | Rating | Skill/Knowledge                       | Rating |
|-------------------------------------------------------------------------------------------|--------|---------------------------------------|--------|
| Lived experience that is shared with our clients (newcomers, low-income, uninsured, etc.) |        | Governance                            |        |
| Financial Management                                                                      |        | Strategic planning                    |        |
| Human resources                                                                           |        | Policy Development                    |        |
| Performance or risk management                                                            |        | Research and evaluation               |        |
| Legal                                                                                     |        | Community engagement                  |        |
| Equity, inclusion, diversity, anti-racism                                                 |        | Health or public sector               |        |
| Neighbourhood / community issues                                                          |        | Poverty reduction / social inequality |        |
| Population health                                                                         |        | Advocacy                              |        |
| Mental health                                                                             |        | Housing and homelessness              |        |
| Harm reduction                                                                            |        | Other (please specify):               |        |

**Part 7 - Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Confidential Voluntary Diversity Information (Optional)

East End CHC recognizes that the community and the Centre's clients are best served by boards and committees which reflect the diversity of our clients and community. You are encouraged to complete this confidential diversity questionnaire. This information is used to help the Centre achieve its objectives for access, equity, diversity, and reconciliation. The board nominations committee reviews this information to support the nominations process. The Chief Executive Officer uses this information to compile reports in anonymous summary format for the purposes of reporting board composition. This information will not be released for any other purpose without your permission. This information is collected in compliance with provisions of the [Municipal Freedom of Information and Protection of Privacy Act](#), the [Ontario Human Rights Code](#), and Centre's Privacy and Confidentiality Policy.

### 1. Age

- ☐ 18-29      ☐ 30-44      ☐ 45-64      ☐ 65+      ☐ Prefer not to answer

### 2. What is your current gender identity? (check **all** that apply)

- ☐ Woman      ☐ Genderfluid or genderqueer      ☐ Two-Spirit      ☐ Do not know  
☐ Man      ☐ Questioning or unsure      ☐ Nonbinary      ☐ Prefer not to answer  
☐ Another gender identity (please specify): \_\_\_\_\_

### 3. Do you identify as First Nations, Métis and/or Inuk/Inuit? (Check **ALL** that apply)

This question is about how you identify yourself (e.g. includes status or non-status)

- ☐ Yes      ☐ No      ☐ Do not know      ☐ Prefer not to answer

### 4. Which of the following best describes your racial group?

(Check **ALL** that apply, for example if you are multi-racial or mixed race)

- ☐ Not applicable (e.g. Identified as Indigenous in question #4)  
☐ Do not know  
☐ Prefer not to answer  
☐ White (e.g., European descent)  
☐ Black (e.g., African, African-Canadian, Afro-Caribbean, Afro-Egyptian, etc.)  
☐ Latin American (Hispanic or Latin American descent)  
☐ East Asian (e.g., Chinese, Korean, Japanese, Taiwanese, etc.)  
☐ South Asian (e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan, etc.)  
☐ Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Thai, Indonesian, etc.)  
☐ Middle Eastern, Arab or West Asian (e.g., Afghan, Egyptian, Iranian, Lebanese, Persian, Turkish, Kurdish, etc.)  
☐ Another race/ethnic group (Please specify): \_\_\_\_\_

### 5. Income

What was your total family income before taxes last year?

- ☐ \$0 - \$29,999      ☐ \$30,000 – \$59,999      ☐ \$60,000 – \$89,999  
☐ \$90,000 or more      ☐ Do not know      ☐ Prefer not to answer

### 6. 2SLGTBQIA+

2SLGTBQIA+ is an acronym for Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, Asexual, and the plus reflects the countless affirmative ways in which people choose to self-identify. Based on this description, do you identify as 2SLGTBQIA+?

- ☐ Yes      ☐ No      ☐ Do not know      ☐ Prefer not to answer

### 7. Do you identify as a person with a disability?

- ☐ Yes      ☐ No      ☐ Do not know      ☐ Prefer not to answer

## **Frequently Asked Questions About Being on East End CHC's Board of Directors**

### **What does the board do?**

East End Community Health Centre's board of directors is a policy-based board focused on visioning, strategic planning and oversight, and policy development. The board delegates responsibility to the Chief Executive Officer for day-to-day management and operation of the Centre. It does not play a direct role in programs and services.

As the legal entity ultimately responsible for the Centre, the board of directors has a number of roles including:

- Setting the vision, mission values and strategic priorities for the Centre
- Working with the CEO to develop community relations and enhance the Centre's responsiveness to the needs of the community
- Monitoring indicators of organizational performance
- Providing legal, financial and fiduciary oversight, retaining ultimate responsibility for the financial situation of the Centre and accountability to funding bodies
- Developing governance policies for the organization
- Providing management and direction to the CEO
- Evaluating board performance

### **What is the term commitment for a board member?**

- Typically, Board members serve a three-year term unless they replace a member who could not complete their term.
- They are eligible for election for two consecutive terms of office, up to a total of six years.

### **What are the other commitments for board members?**

- Board members attend Board meetings and participate in Committees of the Board. The time commitment is approximately 4-6 hours per month to prepare for and attend meetings.

### **How frequently does the board meet?**

- The Board will meet approximately six to eight times per year in the evening. The Board does not typically meet in July and August. Board committees and work groups meet based on need.

### **How long does it take to prepare for a board and board committee meetings?**

- About one to two hours of preparation prior to each board meeting.

### **Do the Board and committees make work plans for themselves and report on progress?**

- Yes. The Board develops an annual work plan and reports are presented to the board according to the work plan. Board Committees have terms of reference and report back to the board on progress.