**CBCN BOARD MEMBER APPLICATION FORM 2023**

# Applicant Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Name |  | Last Name |  | |
| Street Address |  | Postal Code | |  |
| City |  | Province/Territory | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth |  | Phone Number |  |
| Email Address |  | | |

# Diagnosis Information

|  |  |
| --- | --- |
| Have you ever been diagnosed with breast cancer? |  |
| Have you ever been diagnosed with metastatic breast cancer? |  |
| What subtype of breast cancer were you diagnosed with? (HER2+, HR+, Triple Negative, other, unknown) |  |

# Capacity as Board Member

|  |
| --- |
| What is your understanding of CBCN and the role it plays in the breast cancer community? |
|  |

|  |
| --- |
| Provide a brief explanation of why you would like to join CBCN’s Board of Directors |
|  |

|  |
| --- |
| Based on your understanding of CBCN, what work do you think is important for CBCN to be undertaking? |
|  |

|  |
| --- |
| What is your understanding of governance in a non-for-profit organization? |
|  |

|  |
| --- |
| How are you currently engaged with the breast cancer community? |
|  |

|  |
| --- |
| Do you use social media to connect with the breast cancer community, and if so how and what platforms? |
|  |

|  |
| --- |
| Please list other Boards you have previously or currently serve on: |
|  |

|  |
| --- |
| Please list other organizations that you are currently affiliated with and any other relevant volunteer experience: |
|  |

Being a board member requires a complementary balance of knowledge, skills and experience. Please indicate your areas of skills and experience below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Financial and/or Business Management | None | Fair | Good | Advanced |
| Health Policy & Advocacy | None | Fair | Good | Advanced |
| Legal | None | Fair | Good | Advanced |
| Corporate Sponsorships and Partnership Development | None | Fair | Good | Advanced |
| Fundraising | None | Fair | Good | Advanced |
| Board Governance | None | Fair | Good | Advanced |
| Media | None | Fair | Good | Advanced |
| Research and/or Clinical Experience | None | Fair | Good | Advanced |

# References

Please list two professional references

|  |  |  |  |
| --- | --- | --- | --- |
| References #1 | | References #2 | |
| Full Name |  | Full Name |  |
| Company |  | Company |  |
| Relationship |  | Relationship |  |
| Contact Information |  | Contact Information |  |

# Diversity

|  |
| --- |
| CBCN values diversity and encourages applicants from diverse populations to apply for this position. For this reason, we invite you to identify if you are a member of a diverse population; submission of this information is voluntary. |
|  |

# Disclaimer and Signature

|  |  |  |  |
| --- | --- | --- | --- |
| I certify that my answers are true and complete to the best of my knowledge. | | | |
| Signature |  | Date |  |

Please submit a **COPY OF YOUR RESUME** along with this application to Bukun Adegbembo at [badegbembo@cbcn.ca](mailto:badegbembo@cbcn.ca). All applicants will be contacted to be notified of the status of their application.

Please note the **APPLICATION DEADLINE is May 31, 2023.**