



## Application Form

### Board of Directors

Thank you for applying to represent your fellow fundraisers in your professional association by serving on the AFP Ottawa Chapter Board of Directors. Please forward complete application package to [secretariat@afpottawa.ca](mailto:secretariat@afpottawa.ca)

#### Applicant Checklist

- ☐ I have attached my resume with my application
- ☐ I have an active membership in AFP. Membership Number: \_\_\_\_\_  
(All AFP Ottawa Board Members must have an active membership)
- ☐ I have read AFP's Ottawa Chapter Code of Conduct located at: <https://afpottawa.ca/code-of-conduct/>
- ☐ I agree to make at minimum an annual donation to the AFP Foundation for Philanthropy  
(All AFP Ottawa Board Members are asked to be donors to the Chapter's Every Member Campaign)  
<https://afpottawa.ca/every-member-campaign/>
- ☐ I will attend the chapters annual AGM in May/June.
- ☐ I will attend the mandatory board orientation in June.
- ☐ I am aware that an attendance rate of less than 50% in a four month period or missing 3 consecutive meetings could result in an automatic removal from the board of directors.

#### List of positions on the AFP Ottawa Chapter Board of Directors

To read full terms of reference please visit: <https://afpottawa.ca/board-of-directors/>

2 year terms – Executive (2019-2021)	1 year terms - Directors (2020-2021)	
President	Inclusion, Diversity, Equity, Access	Advanced Development
President-Elect	Philanthropy Awards	Partnerships
Treasurer	Engagement	Mentorship
Secretary	Membership	External Relations
Past President	Fundraising Day	Chapter Events
	Director-at-Large	
Your Name:		

<i>(Please list any certifications ex. CFRE)</i>	
<b>Organization:</b>	
<b>Contact Details</b> <i>(Please indicate your preferred contact details – the AFP Ottawa website includes your email address so members or the general public can contact you regarding your portfolio)</i>	
<b>Mailing Address:</b>	
<b>Email:</b> <i>(Public)</i>	
<b>Phone Number:</b>	
<b>Do you have the support of your organization for your role on the Board of Directors – this includes attending board meetings, committee meetings or AFP events.</b>	
<input type="checkbox"/> Yes they are supportive <input type="checkbox"/> No, this is something I will have to do outside work hours	
<b>Board position you are applying for:</b> <b>(Please indicated if secondary option)</b>	1.  2.
<b>Please provide an overview of your relevant experience or qualifications for this position:</b>	
<b>Please indicate your primary reasons for wanting to join the Board of Directors:</b>	
<b>Reference</b> <i>(Please provide the contact name and information for a current AFP Board member, employer or co-worker)</i>	Name:  Telephone:  Email: