**Peel Senior Link**

**Director Application Form**

**Name**

**Address**

**Phone Email**

**Geographic Location (nearest Intersection)**

**Home:**

**Work:**

**Specific Skills/ Experience**

Please indicate your level of experience using the scale listed below.

|  |  |
| --- | --- |
| **Skills/Experience** | Proficiency Level |
| Demonstrated prior governance experience |  |
| Community leadership |  |
| Financial literacy including experience/qualifications in audit and accounting |  |
| Human resource management |  |
| Law |  |
| Marketing and communications |  |
| Performance planning and measurement |  |
| Risk management |  |
| Senior level business management in a rapidly growing organization |  |
| Strategic planning |  |
| Understanding of the current health care environment including system or service integration and planning |  |
| **Governance Experience** |  |
| Elected Official |  |
| Not for Profit Board |  |
| Corporate Board |  |

0 No experience

1 Low Level of Proficiency

2 Average Level of Proficiency

3 High Level of Proficiency

**Please forward with resume and covering letter outlining interest in this position no later than Friday, May 29, 2015 to:**

Peel Senior Link Governance Board Committee

50 Burnhamthorpe Road West, Suite 300

Mississauga, ON L5B 3C2

Phone: (905) 712-4413 Fax: (905) 712-3373

Or by email to info@peelseniorlink.com