

# Board Application Form Mental Health Foundation February 2024



Mental Health **Foundation**  
We have a better future in mind.

Please contact the Governance Committee at [board@mentalhealthfoundation.ca](mailto:board@mentalhealthfoundation.ca) should you have any questions about completing this application, or about becoming a Trustee of the Mental Health Foundation (MHF).

**Step 1: Review the Board recruitment package and questions therein.**

- I declare that I meet many key elements of the required criteria to be an MHF Trustee as outlined.

**Step 2: Complete the following table.**

Full Name (First, Last):	
Address:	
Phone Number (including area code):	
Email Address:	

**Step 3: Provide and attach with this application a cover letter and resume addressing the points below.**

- Explain how you would bring to the MHF Board an understanding of governance and the fiduciary duties of a board member. Explain how you demonstrate leadership and would contribute towards oversight of the MHF.
- Outline your past experiences as a Board Member (corporate or not-for-profit), the organizations on which you governed, and the time periods, as well as the knowledge and skills gained from these positions. Outline any training in Governance that you have undertaken, and how you have applied that training.
- Provide information about specific expertise and skills you have in the areas of business planning, HR, governance, marketing, and communications; health care or advocacy, legal and risk management; financial management.
- Outline your personal attributes that would contribute to you being a valuable member of the MHF Board.

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**Step 4: Electronically sign and date your application.**

By electronically providing my name and email below, I hereby declare that I meet the criteria to serve as a Trustee of the MHF and will commit to carry out my responsibilities should I be nominated and elected. I also declare that the information provided in this application (including attachments) is true and correct to the best of my knowledge and belief. Finally, I am aware that any information provided in this application may be used by the Nomination Committee to prepare the public notification packages for the MHF Board of Trustees as well as the required process to secure confirmation of my appointment through Alberta Health Services, via the Foundation Relations team.

_____	_____	_____
Name (Print)	Email	Date

**Step 5: Provide details of two references (one of which is a Board reference) to support your application.**

**First Reference:**

Full Name (First, Last):	
Relationship of Reference to you:	
Phone Number (including area code):	
Email Address:	

**Second Reference:**

Full Name (First, Last):	
Relationship of Reference to you:	
Phone Number (including area code):	
Email Address:	

**Step 6: Submit this form and attachments to [board@mentalhealthfoundation.ca](mailto:board@mentalhealthfoundation.ca)**