Board Application Form Mental Health Foundation 2025-26



Please contact the Governance Committee at <u>board@mentalhealthfoundation.ca</u> 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 Director as outlined.

Step 2: Complete the following table.

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

<u>Step 3:</u> Provide and attach with this application a <u>cover letter and resume</u> 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.

elected. I also declare that the inform true and correct to the best of my kno provided in this application may be us notification packages for the MHF Bo	to carry out my res nation provided in t owledge and belief sed by the Nomina ard of Directors as	ponsibilities should I be nominated and his application (including attachments) is . Finally, I am aware that any information
Name (Print)	Email	Date
Step 5: Provide details of two referen application. First Reference:	ces (one of which i	s a Board reference) to support your
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