## Federated Women's Institute of Prince Edward Island Board of Directors APPLICATION FORM

## **Selection process:**

- 1. Nomination by PEIWI branch or personal application
- **2.** Invitation to apply (not always applicable)
- 3. Complete application and return to PEIWI Office by January 31st.
- 4. Nomination Committee and Board of Directors will review all applicants and make selection.

**PLEASE NOTE:** The PEIWI Board of Directors meets\* from September to June on the first Wednesday of the month (10:00 a.m. to 12:00 p.m.). \*Subject to change

>	Name:		
>	Mailing address:		
>	Phone #:		
>	Email address:		
>	Allergies (food/other):		
>	Branch: Branch community:		
>	Employer (past or present – if applicable):		
>	Employed from:to:		
>	Position:		
>	Education (if applicable):		
	College/University/Other (degree, diploma, certificate, etc.):		
>	Other board memberships – board name and position(s) (if applicable):		
>	Community service/leadership/special interests & skills:		

## Federated Women's Institute of Prince Edward Island Board of Directors APPLICATION FORM

1. Choose from the following convenerships or executive positions that are of interest to you *(rank your top three of interest)*:

President Vice-President Citizenship and Legislation Critzenship and Safety Environment Health and Safety Home, Family and Nutrition International Affairs Other  2. Why would you like to become a member of the board?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Phone #:  Email address:  Name: Phone #:  Email address:  Phone #:  Email address:	Vice-President Treasurer Secretary Cultural Activities Environment Health and Safety Home, Family and Nutrition International Affairs Other  2. Why would you like to become a member of the board?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts: Name: Email address: Name: Phone #: Email address: Name: Phone #: Email address: Signature of Applicant: Date:		<b>EXECUTIVE</b> (for future consideration)	CONVENERSHIPS* (Subject to change)
Treasurer Secretary  Cultural Activities Environment Health and Safety Home, Family and Nutrition International Affairs Other  Cultural Activities Environment Health and Safety Home, Family and Nutrition International Affairs Other  Cultural Activities Environment Health and Safety Home, Family and Nutrition International Affairs Other  Cultural Activities Environment Health and Safety Home, Family and Nutrition International Affairs Other  Cultural Activities Environment Health and Safety Home, Family and Nutrition International Affairs Other  Cultural Activities Environment Health and Safety Home, Family and Nutrition International Affairs Other  Cultural Activities Environment Health and Safety Home, Family and Nutrition International Affairs Other  Cultural Activities Environment Health and Safety Home, Family and Nutrition International Affairs Other  Cultural Activities Environment Health and Safety Home, Family and Nutrition International Affairs Other  Cultural Activities F	Treasurer Secretary  Cultural Activities Environment Health and Safety Home, Family and Nutrition International Affairs Other  Why would you like to become a member of the board?  The board of the board?  What do you see as the biggest challenge for PEIWI and what is a possible solution?  Flease list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Email address: Name: Email address: Name: Email address:  Phone #: Email address:  Signature of Applicant:  Date:  With this signature, I verify that our branch fully supports this application for		President	Agriculture
Secretary  Environment Health and Safety Home, Family and Nutrition International Affairs Other  2. Why would you like to become a member of the board?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Email address: Name: Phone #:	Secretary    Howe, Family and Nutrition International Affairs   Other		Vice-President	Citizenship and Legislation
Health and Safety Home, Family and Nutrition International Affairs Other  2. Why would you like to become a member of the board?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name:  Phone #:  Email address: Name: Phone #:	Health and Safety Home, Family and Nutrition Intermational Affairs Other  2. Why would you like to become a member of the board?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Email address: Name: Phone #: Email address:  Signature of Applicant:  Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.		Treasurer	Cultural Activities
Health and Safety Home, Family and Nutrition International Affairs Other  2. Why would you like to become a member of the board?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name:  Phone #:  Email address: Name: Phone #:	Health and Safety Home, Family and Nutrition Intermational Affairs Other  2. Why would you like to become a member of the board?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Email address: Name: Phone #: Email address:  Signature of Applicant:  Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.		Secretary	Environment
International Affairs Other	International Affairs Other			Health and Safety
2. Why would you like to become a member of the board?  3. How can you assist PEIWI?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name:  Email address:  Name:  Phone #:	2. Why would you like to become a member of the board?  3. How can you assist PEIWI?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Phone #:  Email address: Name: Phone #:  Email address:  Signature of Applicant: Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.			Home, Family and Nutrition
2. Why would you like to become a member of the board?  3. How can you assist PEIWI?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name:  Email address:  Name:  Phone #:	2. Why would you like to become a member of the board?			International Affairs
3. How can you assist PEIWI?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name:  Email address:  Name:  Phone #:	3. How can you assist PEIWI?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name:  Email address:  Name:  Phone #:  Email address:  Phone #:  Email address:  Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.			Other
3. How can you assist PEIWI?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name:  Email address:  Name:  Phone #:	3. How can you assist PEIWI?  4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name:  Email address:  Name:  Phone #:  Email address:  Phone #:  Email address:  Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.			
4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Phone #:	4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name:  Email address:  Name:  Phone #:  Email address:  Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.	2.	Why would you like to become a member of	of the board?
4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Phone #:	4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name:  Email address:  Name:  Phone #:  Email address:  Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.			
4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Phone #:	4. What do you see as the biggest challenge for PEIWI and what is a possible solution?  5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name:  Email address:  Name:  Phone #:  Email address:  Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.			
5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Phone #:  Email address: Phone #: Phone #:	5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Email address: Name: Email address:  Phone #: Email address:  Signature of Applicant:  Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.	3.	How can you assist PEIWI?	
5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Phone #:  Email address: Phone #: Phone #:	5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Email address: Name: Email address:  Phone #: Email address:  Signature of Applicant:  Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.			
5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Phone #:  Email address: Phone #: Phone #:	5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Email address: Name: Email address:  Phone #: Email address:  Signature of Applicant:  Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.			
5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Phone #:  Email address: Phone #: Phone #:	5. Please list two (2) references with their addresses and phone numbers, who are not family and can objectively speak to your abilities and gifts:  Name: Email address: Name: Email address:  Phone #: Email address:  Signature of Applicant:  Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.			7 LM. (A. A. V. V/   1 See   1
objectively speak to your abilities and gifts:  Name: Phone #: Email address: Phone #:	objectively speak to your abilities and gifts:  Name: Phone #:  Email address: Phone #:  Signature of Applicant: Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.	4.	What do you see as the biggest challenge	for PEIWI and what is a possible solution?
objectively speak to your abilities and gifts:  Name: Phone #: Email address: Phone #:	objectively speak to your abilities and gifts:  Name: Phone #:  Email address: Phone #:  Signature of Applicant: Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.			<b>人</b>
objectively speak to your abilities and gifts:  Name: Phone #: Email address: Phone #:	objectively speak to your abilities and gifts:  Name: Phone #:  Email address: Phone #:  Signature of Applicant: Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.			
objectively speak to your abilities and gifts:  Name: Phone #: Email address: Phone #:	objectively speak to your abilities and gifts:  Name: Phone #:  Email address: Phone #:  Signature of Applicant: Date:  With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.	5	Please list two (2) references with their add	dresses and phone numbers, who are not family and can
Name:	Name: Phone #:	0.		
Email address: Phone #: Phone #:	Email address:			
Name: Phone #:	Name: Phone #: Email address:		Email address:	
	Email address:			Phone #:
	Signature of Applicant:			
	With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.			ш
Signature of Applicant:	With this signature, I verify that our branch fully supports this application for to become a member of the PEIWI Board of Directors.	Signature	of Applicant	Date:
Gignature of Applicant.	become a member of the PEIWI Board of Directors.	Oignature c	л привани	Buc.
	become a member of the PEIWI Board of Directors.	•••••		
With this signature I varify that our branch fully supports this application for	become a member of the PEIWI Board of Directors.	With this s	signature I verify that our branch fully supp	orts this application for
become a member of the PEIWI Board of Directors.	Branch President Name (print):			ons and application forto
	Branch President Name (print):			
Branch President Name (print):		Branch Pre	esident Name (print):	
	Branch President Signature: Date:	Branch Pre	esident Signature:	Date:

DATE RECEIVED: \_\_\_\_\_ (office use only)