

**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 31<sup>st</sup>.
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*):

<b>EXECUTIVE</b> <i>(for future consideration)</i>	<b>CONVENERSHIPS*</b> <i>(Subject to change)</i>
<input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary	<input type="checkbox"/> Agriculture <input type="checkbox"/> Citizenship and Legislation <input type="checkbox"/> Cultural Activities <input type="checkbox"/> Environment <input type="checkbox"/> Health and Safety <input type="checkbox"/> Home, Family and Nutrition <input type="checkbox"/> International Affairs <input type="checkbox"/> Other

2. Why would you like to become a member of the board?

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3. How can you assist PEIWI?

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4. What do you see as the biggest challenge for PEIWI and what is a possible solution?

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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.**

Branch President Name (*print*): \_\_\_\_\_

Branch President Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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