

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(MM/DD/YYYY)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (POSTAL CODE)

PHONE #'s: \_\_\_\_\_  
(HOME) (WORK) (CELL)

EMAIL: \_\_\_\_\_

---

### 1. MOTIVATIONS AND UNDERSTANDING:

What do you know about Nine Circles?

---

---

---

Why are you interested in volunteering with the Nine Circles Board of Directors?

---

---

---

---

### 2. EXPERIENCE AND KNOWLEDGE

Occupation: (check all that apply)

- |   |                                  |                                 |
|---|----------------------------------|---------------------------------|
| <input type="radio"/> Working full time | <input type="radio"/> Unemployed | <input type="radio"/> Student   |
| <input type="radio"/> Working part time | <input type="radio"/> Retired    | <input type="radio"/> Homemaker |
| <input type="radio"/> Self Employed     | <input type="radio"/> Disability | <input type="radio"/> Other     |

Board of Directors Application form for \_\_\_\_\_  
(NAME OF POTENTIAL VOLUNTEER)

Please list your current or most recent employer:

Employer: \_\_\_\_\_ Position: \_\_\_\_\_  
(NAME OF EMPLOYER/COMPANY) (JOB TITLE)

Skills and/or practical experience gained from employment:

---

---

---

- Past/Current Volunteer Experience: If you have current or previous volunteer experience which you believe would be an asset to our volunteer program, please provide details:

Organization: \_\_\_\_\_ Position: \_\_\_\_\_  
(NAME OF ORGANIZATION/COMPANY) (TITLE/PRIMARY DUTIES)

---

---

---

---

Are you familiar with a policy governance Board model and have you worked in this model before?

---

---

---

Do you have any fundraising and development experience?

---

---

---

**3. Organizational Culture:**

Nine Circles is committed to supporting **diverse communities**, including the 2SLGBTQ+, Indigenous peoples, immigrant & refugee communities, as well as people who use drugs, people who work in the

sex trade industry, and a diverse assortment of other people. Additionally, Nine Circles is a **harm reduction** based agency. Do these organizational principles present any ethical issues for you?

---

---

---

---

**4. QUESTIONS AND COMMENTS:**

Is there anything else you want us to know about you?

---

---

---

---

**5. REFERENCES:**

We conduct reference checks to ensure the highest level of service delivery to our clients. Please provide contact information for two people who you've known for a minimum of one year through work, school, volunteering or the community. You must provide these references in order to volunteer with us. We will contact references about their interactions with you but will not share any personal information you've provided to us on this form.

1) Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

---

**6. SIGNATURE AND AUTHORIZATION:**

Board of Directors Application form for \_\_\_\_\_  
(NAME OF POTENTIAL VOLUNTEER)

***By signing here, I verify the information provided is true to the best of my knowledge and authorize Nine Circles to verify this information. I understand I am not obligated to volunteer for Nine Circles and that Nine Circles is under no obligation to accept my services as a volunteer. I understand that after submitting my application to volunteer, my references will be checked and I will be interviewed by the Membership Committee.***

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE: MM/DD/YYYY)

---

**Thank you for taking the time to fill out this application. Please email your completed form (either filled out and scanned or as a PDF) to our Community Engagement Coordinator.**

**Email: [communityengagement@ninecircles.ca](mailto:communityengagement@ninecircles.ca) | Phone: 204-940-6000  
Fax: 204-940-6003**