**CBCN BOARD MEMBER APPLICATION FORM 2024**

# Applicant Information

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| --- | --- | --- | --- |
| First Name |  | Last Name |  |
| Street Address |  | Postal Code |  |
| City |  | Province/Territory |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Birth |  | Phone Number |  |
| Email Address |  |

# Diagnosis Information

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| Have you ever been diagnosed with breast cancer? |  |
| What year were you diagnosed with breast cancer? |  |
| Have you ever been diagnosed with metastatic breast cancer? |  |
| What subtype of breast cancer were you diagnosed with? (HER2+, HR+, Triple Negative, other, unknown) |  |

# Capacity as Board Member

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| What is your understanding of CBCN and the role it plays in the breast cancer community? |
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| Provide a brief explanation of why you would like to join CBCN’s Board of Directors |
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| Based on your understanding of CBCN, what work do you think is important for CBCN to be undertaking? |
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| What is your understanding of governance in a non-for-profit organization? |
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| How are you currently engaged with the breast cancer community? |
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| Do you use social media to connect with the breast cancer community, and if so how and what platforms? |
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| Please list other Boards you have previously or currently serve on: |
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| Please list other organizations that you are currently affiliated with and any other relevant volunteer experience: |
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Being a board member requires a complementary balance of knowledge, skills, and experience. Please indicate your areas of skills and experience below.

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| Financial and/or Business Management | None  | Fair  | Good  | Advanced  |
| Health Policy and Advocacy | None  | Fair  | Good  | Advanced  |
| Legal | None  | Fair  | Good  | Advanced  |
| Corporate Sponsorships and Partnership Development | None  | Fair  | Good  | Advanced  |
| Fundraising | None  | Fair  | Good  | Advanced  |
| Board Governance | None  | Fair  | Good  | Advanced  |
| Media | None  | Fair  | Good  | Advanced  |
| Research and/or Clinical Experience | None  | Fair  | Good  | Advanced  |

# References

Please list two professional references

|  |  |
| --- | --- |
| References #1 | References #2 |
| Full Name |  | Full Name |  |
| Company |  | Company |  |
| Relationship |  | Relationship |  |
| Contact Information |  | Contact Information |  |

# Diversity

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| CBCN values diversity and encourages applicants from diverse populations to apply for this position. We are looking for applicants from diverse backgrounds, including but not limited to diversity in:* Race/ethnicity
* Sex/gender
* Disability
* Cultural
* Religious

For this reason, we invite you to identify if you are a member of a diverse population; submission of this information is voluntary. |
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# Disclaimer and Signature

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| I certify that my answers are true and complete to the best of my knowledge. |
| Signature |  | Date |  |

Please submit a **COPY OF YOUR RESUME** along with this application to Bukun Adegbembo at badegbembo@cbcn.ca. All applicants will be contacted to be notified of the status of their application.

Please note the **APPLICATION DEADLINE is July 2, 2024**