

BOARD OF DIRECTORS APPLICATION FORM

*Please complete and submit this form with cover letter and resume; reference callout for specific requirements.

Personal Information (please	print or type)				
Name (pronouns)					
Address					
City / Province					
Postal Code					
Telephone (home)					
Telephone (business)					
Fax					
E-Mail					
Board Experience (Please o	nly fill out if yo	ou have pre	evious board experience)		
Position De		ils	Organization name	Period	
_EAF strives for demograp	ohic, regiona	I, and Bra	anch representation on its committees ar	nd board. Please help us	
chieve this objective by completing th		Yes (X)		No (X)	
I am a member of / affiliated with a LEAF Branch		Which branch?			
I am / have been a LEAF / Branch volunteer		Please specify in what capacity:			
I am a member of a diverse group		Please identify (optional):			
I am fluent in French or another language		Please specify language(s):			
I have an area of legal expertise/ am currently pursuing legal education		Please specify:			
(if not already, a nominal fe	ee may appl	y), and I g	agree to become a member of the geogr give permission to LEAF to share my cor firm that I am at least 18 years of age.		
Signature:					
Date:					

Please email with resume and cover letter in confidence to: **LEAF Nominating Committee**

Email: nominating@leaf.ca