



---

## **Application to Serve as Director (Volunteer Board Member) of the Board of Lambton County Developmental Services (LCDS)**

### **Mission:**

“Empowering people with developmental disabilities.”

Lambton County Developmental Services is a non-profit social service agency funded by the Ministry of Children, Community & Social Services (MCCSS). We are committed to providing quality supports for people with developmental disabilities and contributing to the communities where we operate. We believe that sustainability, collaboration and innovation are important themes that strengthen our impact for the people we support.

The Board of LCDS is comprised of twelve (12) Directors. Directors serve as volunteers and may be reimbursed for reasonable expenses incurred in the performance of their duties.

Applications are being accepted to fill vacancies as they arise. A strong desire to articulate, safeguard and commit to the mission, vision, values and strategic direction of the organization are candidate attributes.

Term of service range is three (3) years and Members may serve a maximum of three (3) consecutive three (3) year terms. Meetings of the Board are held on a monthly basis excluding July and August (2-3 hours per month). Emergency Board meetings may be scheduled as needed. Additionally, Directors are expected to participate in other Board Committees (LCDS Foundation Board, By-law Review Committee & Nominating Committee). LCDS Board Members also provide over-sight to Nainstay Non-Profit Buildings Inc.

Please complete the following application for consideration by the Nominating Committee of the Board for reference to the LCDS Board of Directors. The Nominating Committee of the Board will only consider information on the application form. Please do not attach a separate resume or submit any other supporting material including reference letters.

You may mail, fax or email your completed application form to the following:

Magda Krmarova, Administrative Assistant  
Lambton County Developmental Services  
339 Centre Street, Petrolia ON N0N 1R0  
(T) 519-882-0933 EXT 10 (F) (519) 882-3386  
[mkrcmarova@lc ds.on.ca](mailto:mkrcmarova@lc ds.on.ca)



**LCDS Board of Director Application Form**

**TITLE** (please circle one): Mr.                      Ms.                      Miss

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email Address #:** \_\_\_\_\_

**Previous Experience on a Board:** \_\_\_ Yes \_\_\_ No

**1. Educational Background Please indicate the institution attended, degree or credentials attained and year of completion.**

**2. Professional and Employment Background Please provide a chronology of all relevant work experience, including a description of consulting projects, starting with the most recent. Indicate employer, your title/position, the dates you held the position, and a summary of your responsibilities**



---

**3. Community Involvement Please include the name of the organization served, your position and the dates you were involved.**

**4. Memberships in professional organizations (if applicable).**

**5. Additional Information State experience which will support your ability to serve effectively as a member of the LCDS Board of Directors.**



**6. References - please provide the names and contact information for three persons who could provide a reference for you. Include name, occupation, address and telephone number.**

**Specific Areas of Relevant Expertise:** *Please select all that apply.*

- Accounting or Finance
- Community Relations
- Event or Project Management
- Fundraising
- Human Resources/Personnel Management
- Law
- Marketing/Communications
- Medical
- Grant writing/assessment
- Not-for-profit experience
- Policy Development
- Strategic Planning
- Volunteer Coordination/Management
- Other: \_\_\_\_\_

The information requested on this Application Form is being collected and used by the LCDS Board of Directors to evaluate the suitability of all potential candidates for nomination to the LCDS Board of Directors. The qualifications of an intended Director are subject to a review by the Nominating Committee of the Board. Additional personal information will be required from you if you are a candidate who is considered for nomination. Information about you may also be collected from the organizations or from the references you have provided. The information is used to evaluate your suitability as a candidate, as well as to verify the truth and accuracy of the information you have provided, and for no other purpose. This information will not be disclosed except as required for the above-noted purposes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



---

**For Nominating Committee Use Only**

How did we connect with this applicant?

- Recommendation by a current Board member
- Recommendation by Staff member
- Website Recruitment
- External / Public Advertisement
- Other \_\_\_\_\_

Application reviewed by the Committee - Date: \_\_\_\_\_

Applicant interviewed the Committee - Date: \_\_\_\_\_

Nominee interviewed by the Board - Date: \_\_\_\_\_

**Action Taken by the Board:**

Date: \_\_\_\_\_