



Our mission is to encourage, enable and empower the voice of consumers in the mental health system

Application for Board of Directors
Mental Health Rights Coalition of Hamilton
Must be returned by (10 working days prior to election date).

First Name _____ Middle _____ Last _____

Note: Please give your correct, official name, no nicknames or short forms.*

Suite/Apt/Unit # _____ Street Number _____ Street Name _____

City/Town _____ Postal Code _____

Telephone _____

Email _____

**Work contact info is to be used only if you work, but do not live, in Hamilton*

Eligibility Criteria & Required Information

- I am a consumer/survivor of mental health services/system.
- I am a Citizen of Canada or Other _____
- I am a Canadian Resident
- I live, work, or receive mental health service in Hamilton/LHIN 4
- I am not an undischarged Bankrupt
- I am not subject to a certificate of incompetence to manage my own affairs.
- I was not employed by MHRC in the two years prior to election date.

If elected, I will;

- Sign an agreement of ethical conduct
- Sign an agreement of confidentiality

I hereby declare that the information given above is true.

Signature of Applicant _____

Nominator's Section

I, _____ am a consumer member in good standing of Mental Health Rights Coalition. I am not currently a staff person.

I nominate _____ to the MHRC Board of Directors. I have known him/her for _____ (state how long).



I think she/he would be a good director because: (an answer is required for this question but it need not be lengthy. Feel free to use separate page if you need to)

Signature of Nominator (required) _____

“Resume” Section

State why you want to serve on MHRC Board:

What unique skills or experience would you bring?

What previous board or committee experience do you have?

What previous volunteer experience do you have?

References. (Three required)

Chairs or leaders of committees or boards you have worked with would be excellent, however if you have no experience on boards, employers, service providers, long term friends or acquaintances, clergy, or other professionals who know you well (other than family) are good. Note: get their permission before naming someone as a reference. We will contact all of your references.

Name	Relationship to you (or committee)	Telephone
1		
2		
3		



Section to be completed by MHRC volunteer coordinator

The above applicant is a member in good standing of MHRC since _____
(Minimum required time is 3 months prior to election.)

His/her nominator is a member in good standing of MHRC. yes no

The above applicant submitted a completed police clearance (date) _____
(must be 10 days before the scheduled election.)

The above applicant has participated in the following MHRC activities:

- New member orientation
- Volunteer orientation
- _____ Volunteer hours in past year
- Ethical conduct & confidentiality signed

Other _____