



AIDS PEI Board of Directors Nomination application

Please forward completed nomination forms to:
Cybelle Rieber, Executive Director, AIDS PEI
161 St Peters Rd, PO Box 20030 Sherwood, Charlottetown, PEI, C1A 9E3
Or via email to director@aidspei.com

Date _____

Name _____

Residence

Address _____

Phone _____ E-mail _____

Please list any current employment and/or volunteer work you are engaged in and your role (note: current employment or volunteer work is not required).

If you currently or have served on boards and committees (business, civic, community, political, professional, recreational, religious, social) within the past 10 years Please list.
Organization Role/Title Dates of Service

Please identify any potential conflicts of interest you are aware of.



Skills, experience and interests (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Finance, accounting | <input type="checkbox"/> Program evaluation |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public relations, communications |
| <input type="checkbox"/> Personal or professional experience with HIV and/or Hepatitis C | <input type="checkbox"/> Education, instruction |
| <input type="checkbox"/> Personal or professional experience with drug use and drug use issues | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Non-profit experience | <input type="checkbox"/> Personnel, human resources |
| <input type="checkbox"/> Community service | <input type="checkbox"/> Outreach, advocacy |
| <input type="checkbox"/> Policy development | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Special events | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Other _____ |

Please tell us anything else you'd like to share.

Please attach a copy of your resume, CV or a letter outlining your interest and experience you would bring to the organization. Thank you for your interest and support!