

Candidate's form for CIF Board of Directors

Name:		
Address:		
Phone:	Cell:	Email:
Date of birth:		
Emergency Co	ontact:	
	Name:	Relationship:
	Phone:	Other Phone:
Volunteer exp	perience in a non-profit organization:	
Skills:		
Preferred role	e as director:	
Languages:		I have been a member of CIF since:
		I am interested in becoming a member of the CIF board of directors as of June 2011 (for at least 2 years).
		eferences Resume
Signature:		Date:

Web: www.cif-bc.com Voicemail: 604-696-1121 Email: info@cif-bc.com