

### Instructions

Please send your completed application form and resumé by email to [nominations@thebao.ca](mailto:nominations@thebao.ca) or by mail to Bereavement Authority of Ontario, Attention: Governance & Nominations Committee, 100 Sheppard Ave East, Suite 505, Toronto, M2N 6N5.

### Part 1 - Contact Information

Salutation:  Mr.  Ms.  Mrs.  Miss  Dr.  Other \_\_\_\_\_

First Name:	Last Name:
E-Mail Address:	

### Please enter at least one phone number:

Home Phone:	Business Phone:
Mobile Phone:	Other Phone:

### Home Address:

Street #:	Street:		
Unit / Apt #:	City:	Province:	
Postal Code:	Country:		

### Occupation and Business Address:

Company Name:			
Street #:	Street:		
Unit / Suite #:	City:	Province:	
Postal Code:	Country:	P.O. Box:	

## Part 2 - Qualifications

Keeping in mind the mandate of the Board of Directors, please rate your level of competency for each of the following skills. Click here for the [Director Qualification Guide](#) that defines a 'basic', 'good' and 'strong' level of understanding in each of these areas. Please tell us how your background, skills, and experience will result in useful contributions. Be brief where possible (point form is okay) and share the information you think is most relevant to the Bereavement Authority of Ontario.

### 1. Board and Governance Experience

Basic     Good     Strong    *(choose one)*

### 2. Financial Literacy

Basic     Good     Strong    *(choose one)*

### 3. Risk Management

Basic     Good     Strong    *(choose one)*

**4. Strategic Direction and Planning**

Basic     Good     Strong    *(choose one)*

**5. Government and Regulatory Environment**

Basic     Good     Strong    *(choose one)*

**6. Stakeholder Relations**

Basic     Good     Strong    *(choose one)*

### **Part 3 – Additional Information**

#### **A. Your interest in this position**

Please tell us about your interest in serving on the Board of Directors. What do you want to contribute as a board member?

#### **B. Additional Information**

Please share any additional skills, experiences, or information about yourself that relates to the board position.

## Part 4 – References

### Reference # 1:

First Name:	Last Name:
Relationship to Applicant:	
Main Contact Number:	Other Contact Number:
Email Address:	

### Reference # 2:

First Name:	Last Name:
Relationship to Applicant:	
Main Contact Number:	Other Contact Number:
Email Address:	

## Part 5 – Applicant Declaration

By selecting “I agree”, you declare that:

- You are not a bereavement sector licensee;
- You do not have ownership or financial interest in any segment of the bereavement sector;
- You are not a supplier to the bereavement sector; and
- You are not a member nor associated with a funeral, burial, cremation or memorial society.

I agree

## Part 6 – Privacy and Consent Statement

By selecting "I agree," or by signing below, you declare that the information in this application form is true and understand that:

- You may be asked to provide photo identification, a criminal background check, references, or other information to confirm your identity, eligibility, and qualifications;
- The personal information requested on this application form is being collected and used by the Bereavement Authority of Ontario to evaluate the suitability of all potential candidates for election to its Board of Directors. The qualifications of intended appointees will be subject to a review by the Governance & Nominations Committee. Additional personal information may be required from you if you are a candidate who is considered for appointment. Personal information about you may also be collected from the organizations or from the references who provided support letters for you, and 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 purposes.
- This information will not be disclosed except as required for the above noted purpose. Any questions about the collection, used or disclosure of personal information collected on this form, should be directed to Lisa Padgett, Director, Corporate Services at [lisa.padgett@thebao.ca](mailto:lisa.padgett@thebao.ca)

I agree

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\* Applications can also be faxed, mailed, or e-mailed to [nominations@thebao.ca](mailto:nominations@thebao.ca).