

# BRCA BOARD 2019

## EXPRESSION OF INTEREST FORM

Thank you for your interest!

As a member of the BRCA Board you must agree to attend at least one meeting per month on the second Monday of each month. Further, there is work you will be responsible for in the interim and it is expected that Board members make every effort to attend and assist with other BRCA Events/ Activities. There is also potentially door knocking, and other volunteer commitments as part of this team on an as needed basis. We are looking for committed/ active participants on our team. We strive for a diverse Board with a range of experience and demographics for a wide representation of our community.

DEMOGRAPHICS		
Name		
Residential Address		
Occupation		
For how long and in what capacity(ies) have you been involved in BRCA?	For how long have you lived in Bridgeland Riverside?	When did you first become a Member of BRCA?
Please tell us a bit about your interest in/ motivation for joining the Board, and about the talent, skills or experience you would like to use to serve our community.		

Areas of interest	<input type="checkbox"/> Planning <input type="checkbox"/> Hall / Community Hub <input type="checkbox"/> Fundraising <input type="checkbox"/> Events <input type="checkbox"/> Soccer <input type="checkbox"/> Farmers' Market <input type="checkbox"/> Business Association <input type="checkbox"/> Crime Prevention / Safety <input type="checkbox"/> Treasurer/ Finance	<input type="checkbox"/> Parks/ pathways <input type="checkbox"/> Business Association <input type="checkbox"/> Parks/ pathways <input type="checkbox"/> Crime prevention/ Safety <input type="checkbox"/> Airplane Noise <input type="checkbox"/> Treasurer/ Finance <input type="checkbox"/> Secretary <input type="checkbox"/> Other _____
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Please mention any special projects you would like to take on or initiatives you would like to see focused on for the coming year.

I have read and agree to the BRCA Conflict of Interest Policy	<input type="checkbox"/> Yes
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I am aware I am responsible to fully disclose any actual or appearance of conflict/ bias early and manage my participation according to the policy.	<input type="checkbox"/> Yes
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<b>DATE</b>	<b>SIGNATURE</b>
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**VENDOR ISSUES / GOODS & SERVICES**

Do you directly or indirectly provide goods and/or services as part of your work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.
Does any member of your immediate family directly or indirectly provide goods and/or services as part of their work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.
Have you or do you presently conduct business in the neighbourhood	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.
Were you involved in BRCA at the time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.
Was the resulting conflict of interest formally minuted or documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.

Have you or do you presently own real estate in the neighbourhood (apart from your personal residence)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please identify.
<b>PROFESSIONAL / REPUTATIONAL ISSUES AND ADVANTAGES</b>		
Via your work with BRCA, do you interact with people (e.g. at City Hall, representatives of vendors) with whom you also interact for other reasons, including your employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.
Have you ever secured any work or opportunity directly or indirectly by reason of your participation with BRCA (e.g. obtaining a client whom you first met via BRCA business)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.
Was the resulting Conflict of Interest formally minuted or documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.
<b>GIFTS ETC.</b>		
Have you received any gifts, perquisites, or other favourable treatment from any person or business who has current or former business with BRCA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.
<b>OTHER ROLES</b>		
Do you presently have other roles or responsibilities not identified above? (e.g. membership in other societies, on boards, tribunals, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.
If you have other roles, does the business transacted overlap or potentially overlap with business that is or may be conducted by BRCA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe.
<b>DATE</b>	<b>SIGNATURE</b>	