**Application to the Board of Directors or Board Committee**

Canadian Mental Health Association Thames Valley Addiction and Mental Health Services

[www.cmhatv.ca](http://www.cmhatv.ca)

**Our Vision**

Resilience for all through positive mental health and freedom from addiction.

**Our Mission**

Igniting hope and fostering change by providing a continuum of mental health and addiction education, supports, and services.

**Our Values**

Inclusion | Compassion | Respect | Choice | Collaboration | Accountability

Canadian Mental Health Association Thames Valley Addiction and Mental Health Services (CMHA TVAMHS) is an integrated mental health and addiction agency providing community-based supports and services. Situated in rural and urban centres, our dynamic organization serves individuals aged 12 and up across Elgin, Middlesex, Huron, and Oxford counties.

CMHA TVAMHS was established in April 2021 when three organizations (Addiction Services of Thames Valley, CMHA Elgin-Middlesex, and CMHA Oxford) united to better serve the mental health and addiction needs of the Thames Valley Region. CMHA TVAMHS came together with a vision of providing high quality community-based addiction and mental health programs that are accessible to all, regardless of where they live in Thames Valley, yet tailored to complement existing services and address needs and gaps within individual communities.

Our Board of Directors are volunteers committed to providing innovative and accountable mental health and addiction services to the communities we serve. We seek volunteers from Woodstock, St. Thomas, London, Strathroy and from Oxford, Elgin, Middlesex and Huron Counties to join the Board of Directors.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click or tap here to enter text. | **Occupation** | Click or tap here to enter text. |
| **Home Address** | Click or tap here to enter text. |
| **City** | Click or tap here to enter text. | **Postal Code** | Click or tap here to enter text. |
| **Home Phone** | Click or tap here to enter text. | **Cell Phone** | Click or tap here to enter text. |
| **Preferred email address** | Click or tap here to enter text. |
| **Place of employment** | Click or tap here to enter text. | **Position Held** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. | **Postal Code** | Click or tap here to enter text. |

**Please indicate which position(s) you are applying to:**

[ ]  Director

[ ]  Finance and Audit Committee

[ ]  French Language Services Committee

[ ]  Quality Improvement Committee

[ ]  Governance Committee

[ ]  Human Resources Committee

**How did you hear about this Opportunity?** Click or tap here to enter text.

**What interests you in volunteering on the Board of Directors for our Agency?** Click or tap here to enter text.

**Please describe any previous Board or Committee experience?** Click or tap here to enter text.

**Please indicate which skills/knowledge you will bring to our Board of Directors or Board Committee:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area of Skill/Experience** | **High****level** | **Mid****level** | **Low****level** | **None** |
| Financial Management / Designation  |[ ] [ ] [ ] [ ]
| Strategic planning  |[ ] [ ] [ ] [ ]
| Governance/board experience  |[ ] [ ] [ ] [ ]
| Government relations |[ ] [ ] [ ] [ ]
| Experience in mental health and addiction system  |[ ] [ ] [ ] [ ]
| Experience from other complementary sectors  |[ ] [ ] [ ] [ ]
| Community Development / Partnership  |[ ] [ ] [ ] [ ]
| Connections to Giving / Philanthropy  |[ ] [ ] [ ] [ ]
| Corporate Sponsorship & Fundraising  |[ ] [ ] [ ] [ ]
| Event Planning  |[ ] [ ] [ ] [ ]
| Marketing / Branding  |[ ] [ ] [ ] [ ]
| Media Relations, Public Relations, Marketing and Advertising  |[ ] [ ] [ ] [ ]
| Legal  |[ ] [ ] [ ] [ ]
| Public Policy / Advocacy  |[ ] [ ] [ ] [ ]
| Research, Evaluation & Best Practices  |[ ] [ ] [ ] [ ]
| Recruiting, Hiring, Training and Evaluating Personnel  |[ ] [ ] [ ] [ ]
| Information Systems/ Technology  |[ ] [ ] [ ] [ ]
| Quality & Performance Management  |[ ] [ ] [ ] [ ]
| Read / Write / Speak language(s) other than EnglishSpecify: Click or tap here to enter text.  |[ ] [ ] [ ] [ ]
| Program Planning and Evaluation  |[ ] [ ] [ ] [ ]
| Interagency Collaboration  |[ ] [ ] [ ] [ ]
| Public Speaking  |[ ] [ ] [ ] [ ]
| Organizational Development  |[ ] [ ] [ ] [ ]
| Writing, Journalism |[ ] [ ] [ ] [ ]

**This question is voluntary. Please indicate which areas of Diversity, Equity and Inclusion apply to you.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Prefer****not to say** |
| Youth (18-24)  |[ ] [ ] [ ]
| Senior (65+)  |[ ] [ ] [ ]
| Male  |[ ] [ ] [ ]
| Female  |[ ] [ ] [ ]
| Transgender  |[ ] [ ] [ ]
| Gender Fluid  |[ ] [ ] [ ]
| Non-binary  |[ ] [ ] [ ]
| Gender, Other Specify: Click or tap here to enter text. |[ ] [ ] [ ]
| 2SLGBTQIA+  |[ ] [ ] [ ]
| Disability  |[ ] [ ] [ ]
| Under-represented Ethno-Racial/Cultural Group  |[ ] [ ] [ ]
| Indigenous, First Nation  |[ ] [ ] [ ]
| Indigenous, Metis  |[ ] [ ] [ ]
| Indigenous, Inuit  |[ ] [ ] [ ]
| Black, Indigenous, Persons of Colour (BIPOC)  |[ ] [ ] [ ]
| Person with Lived Experience  |[ ] [ ] [ ]
| Person with Lived Experience - Caregiver  |[ ] [ ] [ ]
| French Language Community  |[ ] [ ] [ ]
| Other areas of Diversity you wish to include:  Specify: Click or tap here to enter text. |[ ] [ ] [ ]

**Please provide 2 references related to your previous volunteer experience(s):**

*Name, position/reason for reference, email address, phone number*

|  |  |
| --- | --- |
| 1.Click or tap here to enter text. | 2.Click or tap here to enter text. |

All successful Applicants will be required to provide a clear criminal record check prior to commencing their position on our Board of Directors or one of our Board Committees. Please indicate that you understand this requirement by selecting this box [ ]

**Completed applications can be mailed or emailed, along with your CV/Resume to:**

Peggy-Jo Grass

Executive Office Administrator

CMHA Thames Valley Addiction and Mental Health Services

260-200 Queens Ave

London ON N6A 1J3

Peggy.grass@cmhatv.ca