



Nova Scotia Hearing and Speech Centres Board Member Expression of Interest Form

Name: _____ Date: _____

Address: _____

Phone/email: _____

1. What affiliation, or experience, if any, have you had with Nova Scotia Hearing and Speech Centres?

2. Why are you interested in serving on Nova Scotia Hearing and Speech Centres Board?

3. Do you have experience in any of the following areas:

Business <input type="checkbox"/>	Education <input type="checkbox"/>
Finance <input type="checkbox"/>	Health <input type="checkbox"/>
Law <input type="checkbox"/>	Government/policy <input type="checkbox"/>
Governance <input type="checkbox"/>	Fundraising <input type="checkbox"/>
Past NSHSC Client <input type="checkbox"/>	P.R./communications <input type="checkbox"/>
Other <input type="checkbox"/> _____	

4. List any organizations (past or present) of which you are, or have been, a member.

Please return to:
 Chair, Board of Directors
 Nova Scotia Hearing and Speech Centres
 5657 Spring Garden Road, Suite 401, Box 120
 Halifax, Nova Scotia B3J 3R4
 Email CEO Admin: Lynn.mckenna@nshsc.nshealth.ca | Fax: (902) 423-3150

OFFICE USE ONLY

Date joined: _____ Signature of Board Chair: _____