## BV Community Arts Council (BVCAC) Board of Directors APPLICATION FORM

Full Name:		
Address:	PO Box:	
City:	Postal Code:	
Phone:	Email:	

Please provide us with some information about yourself:

Please highlight your work experience and list any Boards you have served on (if applicable).

Why are you interested in joining the BVCAC Board?

What skills do you bring to the BVCAC Board? What would you like to gain from participating in the BVCAC Board?

Any other pertinent information you wish to share with us?

I have read the attached Board of Directors' Statement of Expectations and agree that I can commit to these requirements.

Signature:	_ Date:
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Please return this form to us at: info@bvartscouncil.com or PO Box 3971, Smithers, BC VOJ 2NO