Peninsula Consumer Services Co-operative Application for Directorship



Please attach your résumé.

Name							
Peninsul	a Co-op membership number						
Address							
Length c							
Phone - home							
Phone - mobile							
Email							
Have yo	u been employed by Peninsu	a Co-op in	n the p	past?			
Have you served on, or applied for the Peninsula Co-op Board of Directors in the past?							
Please list any other co-operative organization you have been affiliated with as a member, employee or director.							
Organiza	ation						
Type of affiliation (member, board, etc.)							
Dates							
		-					
Please list any relatives who are past or present Peninsula Co-op employees							
Name				Relationship			
Name				Relationship			
Education Discontinuous de la continuo del continuo de la continuo de la continuo del continuo de la continuo del continuo de la continuo de la continuo de la continuo del continuo de la continuo del continuo de la continuo del continuo de la continuo de la continuo de la continuo de la co							
Please list the highest level of education attained. Institution attended							
Dates							
Accredit	Accreditation achieved (degree, diploma, etc)						
Please list any other certifications or qualifications							
Employment History Please list your employers during the past 10 years. Attach additional pages if you need more space.							
Employe	er						
Position							
Dates							
Reason	for leaving						

Employer					
Position					
Dates					
Reason for leaving					
Employer					
Position					
Dates					
Reason for leaving					
Community / Voluntee Please list your commun	r Service nity and volunteer experience	during the past 10 years.			
Organization					
Your role					
Dates					
Are you still involved?					
Organization		T			
Your role					
Dates					
Are you still involved?					
Are you suil involved:					
Organization					
Your role					
Dates					
Are you still involved?					
Why are you interested in a directorship with Peninsula Co-op?					
What specific qualifications and/or experience can you contribute as a Director with Peninsula Co-op?					

References Please provide 3 references.	
Name	
Phone – home	Phone - mobile
Email	
How do you know this person?	
Length of time known	
Name	
Phone – home	Phone - mobile
Email	
How do you know this person?	
Length of time known	
Name	
Phone – home	Phone - mobile
Email	
How do you know this person?	
Length of time known	
	ment n of the information in this application and to its use for the purposes of assessing h Peninsula Co-op and, if I am elected, for administration purposes.
I consent to an investigation of w directorship.	work and personal references as necessary to determine my suitability for
	minated for directorship a criminal record and bonding check may be required and, it clear criminal record throughout my directorship with Peninsula Co-op. I further by require a credit check.
Peninsula Co-op to provide any	nployer (if applicable) and all previous employers and organizations contacted by relevant information regarding my current and/or previous employment and I of any and all claims for providing such information.
	n by me in this application is true and complete to the best of my knowledge. In the elected, if any information on this application is found to be false, such information noval from my directorship.
Signature:	Date signed:
Please return to: Peninsula Co-op - Nominations	

c/o Dave Hoy, CEO 1-2132 Keating Cross Road, Saanichton, BC V8M 2A6

Email: <u>davehoy@peninsulaco-op.com</u> and <u>dalcadinho@peninsulaco-op.com</u>

Fax: 250-652-5298

Deadline for submission: April 3, 2021 at 8pm.