



ST. ALBERT  
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## Volunteer Independent Director - Application Form

Use fillable form or provide answers in a separate document. Resume must also be submitted.

Candidate Name: \_\_\_\_\_

1. List prior experience serving as a Board Member with non-profit organizations:

2. Why are you interested in serving as a Board Member for the Primary Care Network?

3. What would you be able to contribute to the Primary Care Network?



(when completed, save this document then attach to email along with resume)

4. What do you know about the Primary Care Network's involvement in the community?

5. What opportunities do you see for community partnerships?

6. Please share any other information you feel important for consideration of your application to serve as a Primary Care:

