



Volunteer Application - Board of Directors

Please print clearly and send your completed application to our mailing address at
Unit E 1300 18th Street, Office 156, Brandon, Manitoba, R7A 6X7
OR email it to us at westmanaphasia@gmail.com.

Westman Aphasia Inc. helps people who live with a chronic communication disorder known as aphasia and their caregivers, family, friends, and health care providers. We do this by offering programs and services for the individual to help them with their communication skills, and for that person's support network to help them with the specific challenges that come with caring for and about their loved one.

As a member of the Board of Directors for Westman Aphasia, you are committed to our mission and goals. You believe that we need a strong and effective Board to realize our potential, and you will be an active advocate for our organization and the people that we serve. You will participate in policy making, goal setting, planning, evaluation, fundraising, sub-committees, and more.

Duties and Responsibilities

- Support Westman Aphasia's mission
- Provide your time, effort, and commitment to Board activities (estimated a few hours per month)
- Attend Board meetings and be prepared by reviewing correspondence in advance of each meeting
- Attend and volunteer at special events hosted by Westman Aphasia during the calendar year
- Promote Westman Aphasia within our communities on an ongoing basis
- Willingness and availability to participate on sub-committees (eg. fundraising, strategic planning, volunteer recruitment, special events, etc.)
- Ensure that your interest is in the best interests of our organization and the people we serve

Helpful Assets (not required)

- Desire to help people who live with aphasia and their supports
- Experience, knowledge, and/or interest in at least one of the following:
 - Administration
 - Fundraising
 - Finance
 - Community resources
 - Problem solving
 - Public Relations/Marketing/Communications
 - Graphic design
 - Governance
 - Leadership



Westman Aphasia's mission is to help persons with aphasia and those around them by providing support services and public education to improve their quality of life



About You

First Name _____ Last Name _____

Address (street and box #) _____

City/Town _____ Postal Code _____

Phone _____ Email _____

What attracts you to volunteer with Westman Aphasia?

Do you have volunteer experience? (not required) Yes No

If yes, please tell us about it _____

May we contact this organization about your involvement there? Yes No

If yes, please provide contact name _____ Phone _____

My signature below indicates that I confirm all information provided to be true and correct, and that I authorize Westman Aphasia to contact the above noted reference(s).

Signature _____ Date _____

Thank you!