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**Edinburgh Food Social**

**Board Member Application Form**

*This Application form is confidential and will only be circulated to the current Board of Directors and Direct Reports.*

*Please type your answers or use black ink and block letters.*

**Contact Details**

Name:

Address for Correspondence:

Telephone No:

Email Address:

Are you related to any member of our staff or serving Director of the Board?

**Personal history and experience**

*Give a brief summary of relevant personal history and experience e.g. employment, volunteering.*

**Candidate profile**

*Please state in no more than 250 words what relevant knowledge, skills and abilities you could contribute as a Director of Edinburgh Food Social.*

**Key Skills & Interests**

Why does becoming a director interest you, and in what way would you hope to progress the purpose and mission of Edinburgh Food Social?

*Please also indicate what time commitment you could give to this role.*

**Our Commitment to You**

The experience of volunteering should also give something back to the volunteer. What would you hope to gain from being a board member?

**Conflict of interest**

*Are you aware of any possible conflict of interest which might arise personally in relation to your appointment or in relation to your connections with any individuals or partner organisations as a director of Edinburgh Food Social?*

*Conflicts of interest are not normally a barrier to appointment as long as they are appropriately managed and/or resolved.*

**Other Information**

How did you learn about this opportunity?

What questions do you have for us? *What do you need to know that we have not answered or that you cannot find anywhere online?*

# References

Please give details of two people who may be approached for a reference and who can comment on your suitability to become a board member.

| Name:  Address for Correspondence:  Telephone No:  Email Address:  In what capacity does this person know you? | Name:  Address for Correspondence:  Telephone No:  Email Address:  In what capacity does this person know you? |
| --- | --- |

| I confirm that the information on this form is correct and complete | |
| --- | --- |
| Your name in full: |  |
| Your Signature: |  |
| Today’s Date: |  |

# Please return completed form to:

Chair of the Board

chair@edinburghfoodsocial.org