



## PAN Board of Directors - Application Form

In accordance with the [information on our website](#).

### 1. APPLICANT DETAILS

**Name of Applicant:**

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**Residential Address (for Annual Report and charity return):**

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**Email:**

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**Phone number:**

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**Date of Birth (for charity return):**

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I confirm I am eligible to serve under the [Societies Act](#)

YES     NO

I wish to be considered for appointment, or to run for the Board of Directors at PAN, under the rules of [Bylaw 50](#), as a regional representative AND/OR a person with lived/living experience (PWLLE) (tick one box in each section):

#### Regional

- |   |  |
|---|--|
| <input type="checkbox"/> Provincial (PHSA)                  | <input type="checkbox"/> Fraser                    |
| <input type="checkbox"/> Provincial (FNHA/Indigenous voice) | <input type="checkbox"/> Vancouver Coastal         |
| <input type="checkbox"/> Northern                           | <input type="checkbox"/> Vancouver Island          |
| <input type="checkbox"/> Interior                           | <input type="checkbox"/> NOT REPRESENTING A REGION |

#### PWLLE

- Person living with HIV (PLHIV)
- Person with lived/living experience of hepatitis C
- PLHIV and with lived/living experience of hepatitis C
- NO lived experience of HIV or hepatitis C

**2. PAN MEMBER ORGANIZATION ENDORSEMENT OF APPLICATION**

In order to join the PAN board of directors, you have to be associated with a PAN member organization. One of PAN’s [expectations of our members](#) states “Recommend candidates for the PAN Board of Directors and support their engagement at the board level (particularly for PWLLE).”

I am an authorized representative of the following PAN member organization:

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I am attaching a written endorsement from the PAN Member organization:

- YES     NO

If NO, then we will contact the PAN Member organization. Please supply the details of the staff member or volunteer (Executive Director, Program Manager, Board Chair or equivalent) who can confirm the support of the PAN member organization:

Name:

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Email:

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Phone:

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I confirm that the organization has committed to support my engagement:

- YES     NO

Much of the work of the PAN board happens virtually. I have access to a computer and internet for all meetings and preparation:

- YES     NO

**3. SUMMARY OF INTEREST, QUALIFICATIONS AND/OR EXPERIENCE**

I am attaching a written statement or resume that highlights my HIV, hepatitis C and related volunteer and/or work experience or other relevant background, education and training (i.e. Positive Leadership Development Institute):

YES

IF not already captured in the written statement, above, please tell us about your interest in becoming a PAN Board member, including how you feel you would contribute to the work of the Board.

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**4. AFFIRMATION**

I affirm and certify that all the information and answers to questions herein are complete, true and correct to the best of my knowledge and belief.

**Signed:**

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**Date:**

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