



# The Catholic Women's League of Canada

## Implementation Committee Appointment Form

In order for this application for appointment to be considered, it must be accompanied by a two-page written submission outlining the importance of the League in each of the four following areas:

- a. The formation of members
- b. Shaping the future of Canada
- c. Performing corporal works of mercy
- d. Using members' time and talents wisely

The deadline for submission is September 30<sup>th</sup>. Please submit your application to Kim Scammell at [executivedirector@cwl.ca](mailto:executivedirector@cwl.ca) or by mail to C-702 Scotland Avenue, Winnipeg, MB R3M 1X5.

### Member Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Parish Council: \_\_\_\_\_ Diocesan Council: \_\_\_\_\_

### Relevant Volunteer Experience (including League service)

\*\* You may attach additional information if the space provided is insufficient to describe your volunteer experience.

Organization: \_\_\_\_\_

Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization: \_\_\_\_\_

Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization: \_\_\_\_\_

Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

Please list three references. The named references should be prepared to provide a letter explaining their relationship to you and describing their experience working with you on a project or series of projects, either professionally or through volunteerism. Written references should be submitted directly to [executivedirector@cwl.ca](mailto:executivedirector@cwl.ca) by September 30<sup>th</sup>.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Previous Professional Experience, if applicable

Company: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Company: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

## Education

High School: \_\_\_\_\_ City: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ City: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ City: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

## Disclaimer and Signature

*I certify that I have read and understand the Terms of Reference of the Implementation Committee.*

*I am prepared to make a five year commitment to leading implementation efforts for the strategic plan adopted at the 98<sup>th</sup> annual national convention.*

*I understand that the time commitment will be approximately 260 hours per year and will vary from season to season.*

*I understand that the Implementation Committee will be accountable to the Board/National Executive for all actions undertaken.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_