



Overview Matrix Board & Committee Members

Please return completed matrix to: Leanne@cfno.org

Please include this matrix with your application.

All questions are optional but we encourage you to answer it if you can. This information assists Community Foundation North Okanagan and our Board Members to better understand how we deploy our resources and be accountable for building equity and inclusion.

Applicant Information

Name: _____
Surname First Name Initial

E-mail: _____

Expertise & Knowledge

Please select ONLY 3 strengths:

- | | |
|---|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Governance | <input type="checkbox"/> Charitable & Nonprofit |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Donor Advisory |
| <input type="checkbox"/> Marketing & Social Media | <input type="checkbox"/> HR & Compensation |

Community Connections

Please select ONLY 3 strengths:

- | | |
|--|---|
| <input type="checkbox"/> Social Purpose | <input type="checkbox"/> Seniors |
| <input type="checkbox"/> Education | <input type="checkbox"/> Arts & Culture |
| <input type="checkbox"/> Health / Recreation / Athletics | <input type="checkbox"/> Donors |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Donor Advisors |
| <input type="checkbox"/> Youth | |

All questions are optional but we encourage you to answer it if you can. This information assists Community Foundation North Okanagan and our Board Members to better understand how we deploy our resources and be accountable for building equity and inclusion.

Where in the Greater Vernon - North Okanagan Region do you live?

- GV Urban (City of Vernon)
- GV Rural (Coldstream, B, C, OKIB)
- Rural N (Armstrong, Enderby, Spall, E, F, Splantsin)
- Rural E (Lumby, D, E)
- Other: *option to describe* _____

Gender: Please indicate your gender and/or preferred pronouns?

Generational: Please select your age group?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- Above 64

Do you identify as Indigenous?

- Yes
- No

Optional Comment: _____

If applicable, would you like to self-identify as a member of the following equity-deserving groups?

- Black people
- Other racialized people
- 2SLGBTQA+
- Women
- Low-income people
- Lone parent households
- People experiencing homelessness
- Newcomers (refugee, immigrant, or non-status people)
- Persons with disabilities / special needs
- People with physical or mental health issues
- Young people
- Elderly/old people
- Official Language Minority communities
- Other: *option to describe* _____

Optional Comment: _____

Is there anything else you would like us to know?
