



**Canadian Power and Sail squadrons
Escadrilles canadiennes de plaisance**

Director's Application Package

September 2022



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Also see the Director's Application – Reference document:

Director's Terms of Reference
The Ideal Director

Application for Director of CPS-ECP**PLEASE COMPLETE LEGIBLY**

Member Name:		Member Number:
Squadron:	District:	CPS-ECP Member since:
Address 1:		Merit Marks earned:
Address 2:		Officer Training? (Y/N)
City & Province:		Working? (Y/N)
Postal Code:	Contact Phone:	Retired? (Y/N)
Email address:	Highest CPS-ECP Office:	

Skills/ special interests or other NFP experience (describe fully):

Your boating interests and skills (describe fully)

Personal boating interests:

CPS-ECP educational background (e.g., grade achieved):

CPS-ECP instructor experience (e.g., courses taught, when):

Other CPS-ECP roles (e.g., Sqn or Dist volunteer roles):

Other educational experience (e.g., CYA):

Candidate Skills Self-Assessment Form

Personal Skills and interests (check all that apply)

<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Grant Writing/Application	<input type="checkbox"/> Photography
<input type="checkbox"/> Advertising/Marketing	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Printing/Publishing
<input type="checkbox"/> Audio Visual/Info Technologies	<input type="checkbox"/> Internet/Web/Social Media	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Education/Instruction/Admin.	<input type="checkbox"/> Law	<input type="checkbox"/> Translations
<input type="checkbox"/> Electronics	<input type="checkbox"/> Management/Personnel	<input type="checkbox"/> Writing/ Editing

Skills Assessment and Personal Development

As an individual moves to progressively higher positions within CPS-ECP, the types of skills and attributes required, and the proficiency level in those skills increases. Please assess your proficiency in the following skills / attributes on a scale of 1 to 5 with 1 being weak to 5 being very skilled.

Skills and Attributes	Rating
Leadership	
Judgement	
Diplomacy	
Impartiality	
Strategic View	
Communication Skills (verbal & written)	
Listening Skills	
Project Management	
Financial Management	
Time Management	
Organization skills	
Problem Solving	
Ability to delegate	
Computer Literacy	

Review and reflect on your personal assessment results

(Use more pages if needed.)

What are your major strengths?

What are your major weaknesses?

Do you have a plan to develop and improve your areas of weakness?

What are your personal CPS-ECP short term goals (next position) and long term goals (next 5 years)?

What makes you a good candidate for the Director position?

Is there anything else you'd like to add?

My Vision for CPS-ECP

Please provide your 'Statement of Vision' for the short- and long-term future of CPS-ECP.

Short Term Vision for CPS-ECP

Long Term Vision for CPS-ECP

By signing this application, I acknowledge that I have read the information in the Directors Terms of Reference and the Ideal Director and that I meet the qualifications for a Director as outlined in CPS-ECP Bylaw 5.02.

Candidate's Signature

Date

A Candidate's electronic signature is deemed to be your personal signature

Director's Application Package Checklist

Please ensure that the following documentation is submitted in your package:

- ☐ Director's Application Form
- ☐ A current résumé or *curriculum vitae* (c.v.)
- ☐ A short biography for use on the CPS-ECP website, if successful
- ☐ A picture for use on the CPS-ECP website, if successful
- ☐ Supporting Signatures page

After the above documents have been received and reviewed, you will be contacted by the Nominating Committee.

Signatures of Members supporting this application for Director

Please note:

- Members of the Nominating Committee cannot endorse applications
- Maximum of two Members from your home Squadron are eligible to support this application
- Balance of three Members supporting this application must come from other Squadrons, Districts or National
- Note that a signature is not required if an email stating support from the applicant, including the information requested below, is included with this application. Otherwise, a written signature is required.
- **Please complete legibly**

Applicant's Name: _____

Supporting members

	Member Number	Member Name	Squadron	Signature
1				
2				
3				
4				
5				