



**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):

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Your boating interests and skills (describe fully)

Personal boating interests:

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

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

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

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

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## 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

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Director's Application Package

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.

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Candidate's Signature

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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 resumé 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				