

<b>Policy Title</b>	Family and Community Services Advisory Board – New Member Application Policy
<b>Authority</b>	FCSS Advisory Board
<b>Approved (Dates/Motion #)</b>	Amended – February 8 <sup>th</sup> , 2022
<b>Policy Number</b>	P-FCSS005
<b>Review</b>	To be reviewed annually at the AGM
<b>Reviewed by</b>	Advisory Board – February 4, 2021

## Policy Statement

The Family and Community Support Services Advisory Board will be comprised of eligible community members who will serve a term of commitment on the board.

## Definitions

**Chief Administrative Officer (CAO)** – means the administrative head of the municipality.

**Director** – means the FCSS Director, an employee of the Town, that is dedicated to the FCSS Advisory Board managing social programming.

**FCSS Advisory Board** – a volunteer advisory board of directors appointed by Council with the responsibility of leading and managing social programming in the Town.

**Town Council** – means the elected body of the Town.

**Town** – means the incorporated municipality of Bassano.

## Responsibility

It is the responsibility of the FCSS Advisory Board and the Director to ensure this policy is implemented.

## Process

The FCSS Advisory Board shall actively promote its membership opportunities to attract a diverse mix of volunteers to support/advance the interests of social programming that aligns with the Town's strategic goals and the FCSS Advisory Board's mandate.

To be considered for the volunteer board appointment, an application must be submitted to the Director in accordance with this policy.

1. Applicants wishing to join the FCSS Advisory Board will be required to submit a letter of interest to the Director with the inclusion of a current Criminal Record Check, Child Intervention Record, and Board Skill Matrix (Appendix A). The Criminal Record Check and Child Intervention Record will remain confidential and held at the Town Office.

2. The Director will complete a preliminary review of the application for completion. If the application is complete, the application will be presented to the FCSS Advisory Board for consideration unless there are criminal record or intervention concerns. If concerns are identified the application will be brought forward to CAO to determine suitability for board membership.
3. In considering each applicant, the FCSS Advisory Board shall review the letter of interest, and the Board Skills Matrix. The application will be graded using Appendix B.
4. The FCSS Advisory Board shall make recommendations to Town Council regarding the appointment of a new Advisory Board Member. The recommendation shall be provided to the CAO in writing per the prescribed form (Appendix C).
5. Town Council shall take the comments and suggestions of the FCSS Advisory Board into consideration when considering the formal appointment of the applicant. If Town Council does not agree with the recommendation made by the FCSS Advisory Board, a meeting will be arranged to gain consensus before a final decision is made to ensure relationships are maintained.
6. The CAO shall complete Appendix C and return it to the Director stating the decision of council on the proposed Advisory Board member appointment.
7. The FCSS Director shall provide an Orientation process with each newly appointed FCSS Advisory Board Member.

## Length of Term

1. Each new applicant will be subject to a 3-month probationary period. In this period the new applicant will be able to review the time commitment requirements of being a FCSS Advisory Board Member and ensure it is a fit for their life style. During the probationary period the new Advisory Board Member will not be part of any in-camera sessions. If at any time during the three month probationary period it is deemed, by the FCSS Board of Directors, that the new applicant is not able to fulfill the duties of an Advisory Board Member the FCSS Board will reserve the right to terminate the relationship with the applicant.
2. At the end of the probationary period, Advisory Board Member appointments shall be for a minimum of a three (3) year term.
3. At the end of a three (3) year term a, FCSS Advisory Board members may re-apply to Council for a consecutive term. The maximum number of terms is indefinite pending the appointment of Council.
4. The Director shall maintain an Advisory Board Member tracking sheet (Appendix D).

## Confidentiality

1. All Board Members will be required to sign a Confidentiality Agreement provided by the Town.
2. The Director shall provide the CAO with all final documents related to the FCSS Advisory Board Member listed for security.

END OF POLICY

Approved

**'Appendix C'**

FCSS Advisory Board Member Appointment Recommendation

**Name of applicant:** \_\_\_\_\_

**Summary of position to be filled:**     Chair             Vice Chair             Member at Large

**Date discussed by the board:** \_\_\_\_\_

**Recommendation to council:**     Recommended for Appointment to the FCSS Advisory Board  
    Not Recommended for Appointment to the FCSS Advisory Board

**Notes or Relevant Communication from the FCSS Advisory Board**

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**Attachments (e.g. applicant submission)**

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**Date submitted to the Town:** \_\_\_\_\_

**Decision of council:**             Appointed to the FCSS Advisory Board  
    Not Appointed to the FCSS Advisory Board

**Notes or Relevant Communication from Town Council**

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## Applicant Check List

Letter of Interest  
\* Date Received: \_\_\_\_\_

Completed Skill Matrix  
\* Date Received: \_\_\_\_\_

Criminal Record Check  
\* Date Received: \_\_\_\_\_

Vulnerable Sectors Check  
\* Date Received: \_\_\_\_\_

\* Date reviewed By FCSS Director: \_\_\_\_\_

\* Date presented to FCSS Board: \_\_\_\_\_

\* Date presented to CAO: \_\_\_\_\_

Applicant was Successful  
in their application

Applicant was not Successful  
in their application

\* Date of applicant notification: \_\_\_\_\_

**'Appendix D'**

**Board Member File Front Sheet**

*to be updated yearly*

File sheet updated on: \_\_\_\_\_

<b>Member Name</b>	_____
<b>Member Phone Number:</b>	_____
<b>Member Mailing Address:</b>	_____
<b>Member Home Address</b>	_____
<b>Member Email</b>	_____

**Date of Commencement with FCSS Board** \_\_\_\_\_

**Current Appointment Commencement Date** \_\_\_\_\_

**Term of Appointment** Choose an item.

**Appointment end date** \_\_\_\_\_

**Consecutive Terms Served** Choose an item.

**Membership Position** Choose an item.

**Copies of the following included in board member file:**

- Letter of Interest
- Completed Skill Matrix
- Criminal Record Check *(must be valid within 3 years)*  
\* Date: \_\_\_\_\_
- Child Intervention Record Check *(must be valid within 3 years)*  
\* Date: \_\_\_\_\_

Is this board member part of any committees? Choose an item.

Committee Appointment: \_\_\_\_\_

Term Start: \_\_\_\_\_

Term End: \_\_\_\_\_

Approved