



Directors/Trustees and Like Officials Worksheet

You must give us complete information for each director/trustee and like official who, at any time during the fiscal period of this return, was a member of the charity's board of directors/trustees. Directors/trustees and like officials are persons who govern a registered charity. See the reverse for information on filling out this form.

Total number of directors/trustees and like officials: 8

Place bar code label here

Public information	Confidential data
Last name: <b>Patola</b> First name: <b>Todd</b> Initial:	Home address – Street number and name: <b>25</b> <b>    </b> Road
Term ▶ Start date (Y/M/D): <b>2 0 1 2 0 6 2 6</b> End date (Y/M/D):	City: <b>Qualicum Beach</b> Prov/Terr: <b>BC</b> Postal code: <b>V 9 K 1 Y 2</b>
Position: <b>Chair</b> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: <b>2 5 0 - 5 9 4</b> Date of birth (Y/M/D): <b>1 9</b>
Last name: <b>Hewitt</b> First name: <b>Westerly</b> Initial:	Home address – Street number and name: <b>5</b> <b>    </b> Cres. East
Term ▶ Start date (Y/M/D): <b>2 0 1 6 1 2 1 3</b> End date (Y/M/D):	City: <b>Port Alberni</b> Prov/Terr: <b>BC</b> Postal code: <b>V 9 Y 8 E 6</b>
Position: <b>Treasurer</b> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: <b>2 5 0 - 7 2 3</b> Date of birth (Y/M/D): <b>1 9</b>
Last name: <b>Douglas</b> First name: <b>John</b> Initial:	Home address – Street number and name: <b>2</b> <b>    </b> Drive
Term ▶ Start date (Y/M/D): <b>2 0 1 6 0 6 2 7</b> End date (Y/M/D):	City: <b>Port Alberni</b> Prov/Terr: <b>BC</b> Postal code: <b>V 9 Y 1 B 3</b>
Position: <b>Vice Chair</b> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: <b>2 5 0 - 7 3 5</b> Date of birth (Y/M/D): <b>1 9</b>
Last name: <b>Hass</b> First name: <b>Wendy</b> Initial:	Home address – Street number and name: <b>3</b> <b>    </b> Ave
Term ▶ Start date (Y/M/D): <b>2 0 1 6 0 6 2 7</b> End date (Y/M/D):	City: <b>Port Alberni</b> Prov/Terr: <b>BC</b> Postal code: <b>V 9 Y 5 B 2</b>
Position: <b>Secretary</b> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: <b>7 7 8</b> Date of birth (Y/M/D): <b>1 9</b>
Last name: <b>Hankins</b> First name: <b>Jenny</b> Initial:	Home address – Street number and name: <b>8</b> <b>    </b> Drive
Term ▶ Start date (Y/M/D): <b>2 0 1 7 0 6 2 8</b> End date (Y/M/D):	City: <b>Port Alberni</b> Prov/Terr: <b>BC</b> Postal code: <b>V 9 Y 9 E 2</b>
Position: <b>Director</b> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: <b>2 5 0 - 7 3 6</b> Date of birth (Y/M/D): <b>1 9</b>
Last name: <b>Nicklin</b> First name: <b>Tammi</b> Initial:	Home address – Street number and name: <b>3</b> <b>    </b> Street
Term ▶ Start date (Y/M/D): <b>2 0 1 8 0 6 2 8</b> End date (Y/M/D):	City: <b>Port Alberni</b> Prov/Terr: <b>BC</b> Postal code: <b>V 9 Y 8 S 2</b>
Position: <b>Director</b> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: <b>2 5 0 - 7 2</b> Date of birth (Y/M/D): <b>1 9</b>
Last name: <b>Phillips</b> First name: <b>Mark</b> Initial:	Home address – Street number and name: <b>5</b> <b>    </b> Ave
Term ▶ Start date (Y/M/D): <b>2 0 1 5 0 6 2 4</b> End date (Y/M/D):	City: <b>Port Alberni</b> Prov/Terr: <b>BC</b> Postal code: <b>V 9 Y 5 H 9</b>
Position: <b>Director</b> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: <b>2 5 0 - 7 2</b> Date of birth (Y/M/D): <b>1 9</b>
Last name: <b>Kiefer</b> First name: <b>Katrina</b> Initial:	Home address – Street number and name: <b>1</b> <b>    </b> Road
Term ▶ Start date (Y/M/D): <b>2 0 1 6 1 2 1 3</b> End date (Y/M/D):	City:      Prov/Terr: <b>BC</b> Postal code: <b>V 9 Y 1 V 0</b>
Position: <b>Executive Director</b> At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number: <b>2 5 0 - 2</b> Date of birth (Y/M/D): <b>1 9</b>
Last name:      First name:      Initial:	Home address – Street number and name:
Term ▶ Start date (Y/M/D):      End date (Y/M/D):	City:      Prov/Terr:      Postal code:
Position:      At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone number:      Date of birth (Y/M/D):