

Nominee's Name (First, Initial, Last):

Date of Birth (dd /mm/yyyy):

Address:

City:

PC:

Email:

Phone: Home

Bus.

Cell

Employer:

Occupation/Position:

Education and/or training:

Organizations/memberships:

Charitable/board/volunteer experience:

What are your/nominee's current interests in Hydrocephalus Canada:

What Hydrocephalus Canada activities are of particular interest to you/nominee?

Your/nominee's leisure interests/special skills/hobbies/etc.?

Are you/nominee currently a member of Hydrocephalus Canada?

☐ Yes ☐ No

Are you/nominee willing to support Hydrocephalus Canada fund raising efforts?

☐ Yes ☐ No

Why are you sponsoring this nominee/yourself?

Nominator's Signature

Date:

Nominator's Name:

Phone:

Candidate's signature (for self nomination only)

Date:

Additional information about the Nominee		
Is the nominee/are you an adult with spina bifida and/or hydrocephalus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the nominee/are you a parent or other relative of an individual with sb and/or h?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If a relative please provide relationship:		
<p>Please tell us why you/nominee would like a position on the Board of Directors of Hydrocephalus Canada and list any other information you would like the organization to consider. Voting will take place on September 16, 2023.</p>		

Selection Criteria

For Nomination to the Hydrocephalus Canada Board of Directors

Nominees will be considered based on the following criteria:

1. Integrity
2. Knowledgeable about Hydrocephalus Canada's goals and mission.
3. Sufficiently knowledgeable about our client group to represent them on Hydrocephalus Canada's Board of Directors.
4. Knowledgeable about the role of a board member.
5. Willing to commit the necessary time and effort in order to be an effective board member.
6. Ability to work well with others.
7. Current or previous experience as an active participant on a board or committee of a volunteer organization.
8. Ability to communicate effectively in a group setting and/or on a one-to-one basis.
9. Possesses the opportunity and willingness to make useful contacts.
10. Leadership potential.
11. Highly regarded in the community.
12. Strong commitment to being of service, in particular to the disability community.

PLEASE NOTE: Nominations will only be considered if all information on this form is complete plus a biographical profile and/or resume and one letter of recommendation is provided for each nominee.
Thank you.

Please return no later than Wednesday, September 6, 2023.

Mail: Hydrocephalus Canada Board Development Committee
16 Four Seasons Place, Suite 111
Toronto, ON M9B 6E5
Email: info@hydrocephalus.ca
Fax: 416-214-1446