Federated Health Charities – Board Nomination Form

Thank you for your interest in becoming a member of the Federated Health Charities Board of Directors.

Please read the information provided and take the time to answer the questions in each section. Please also provide your cover letter and resume.

Return the nomination form, cover letter, and resume by 5pm Friday January 10, 2025, via email to [sarah.wood2@ontario.ca](mailto:sarah.wood2@ontario.ca).

The Federated Health Charities Nominating Committee will assess your nomination based on the information you provide. You will be notified in writing if your nomination has been successful.

If you have any questions or need assistance in completing this form, please contact Sarah Wood [sarah.wood2@ontario.ca](mailto:sarah.wood2@ontario.ca).

Before completing this nomination form, it is important that you read the Federated Health Charities – Board Member Position Posting to ensure you have an understanding of the organization and the expectations of the role.

After reading the Board Member Position Posting, please initial, sign and date the checklist below.

* I have read the Federated Health Charities Board of Directors Board Member Position Posting Initial: \_\_\_\_\_\_\_\_\_\_\_
* I understand the role of a Director is to provide the organization with sound governance, fiduciary and strategic oversight, and direction. Initial: \_\_\_\_\_\_\_\_\_\_\_
* I understand meetings will initially be held a minimum of three times per year, with additional meetings called as required. Initial: \_\_\_\_\_\_\_\_\_\_\_
* I understand the term of a Director is three (3) years. Initial: \_\_\_\_\_\_\_\_\_\_\_
* I confirm that I am able to uphold the expectations and commitments, as outlined in the Board Member Position Posting, of a Director. Initial: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nominee Details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a brief overview of your interest in this role and your qualifications:

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Please outline any skills, experience, or capabilities that you believe would benefit the Federated Health Charities Board of Directors:

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Please list any community organizations or groups you have been involved in and if applicable, the position you held within the organization.

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