

## NOMINATION FORM TO THE BOARD OF DIRECTORS

**Complete all areas of the form.**

The Association's Board of Directors plays a key role in representing the membership and performing the business of the Association.

Nominations are required for the vacant seats on the Board. A strong Board means a strong Association. Beyond the qualifications outlined for each position, desired candidate attributes include:

- Board experience
- Demonstrated interest or knowledge in creating safer workplaces
- Ability to make the required time commitment to attend Board and applicable Committee meetings
- Effective interpersonal and communication skills

Please complete the form giving details of your nomination. You may self-nominate. Note: any candidate intending to stand for an elected director position must first be approved by the Governance Committee.

<b>DETAILS OF NOMINEE</b>
---------------------------

Name of Nominee: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

BOARD POSITION REQUESTED: \_\_\_\_\_

Skills, Experience and Interests (Please circle all that apply)

Finance/Accounting

Government Relations

Legal

Leadership

Communications/Public Relations

Business Relations/Development

Clinical

Fundraising

How do you feel SafeCare BC would benefit from your Nominee's involvement on the Board?

---

---

---

---

Has the Nominee agreed to let their name be submitted?  YES  NO

\*Please ensure that a copy of the Nominee's CV or resume is submitted with this form.

<b>DETAILS OF NOMINATOR</b>
-----------------------------

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

Facility/Agency: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Once complete, return via email to [info@safecarebc.ca](mailto:info@safecarebc.ca)