CHS | SCO
CANADIAN HEARING SOCIETY
SOCIÉTÉ CANADIENNE DE L'OUÏE

APPLICATION FOR NOMINATION TO THE BOARD OF DIRECTORS

Please select one of the categories listed below that you wish to represent

☐ **MEMBER AT LARGE** ☐ **COMMUNITY DEVELOPMENT COUNCIL**

NAME _____

ARE YOU: ☐ **CULTURALLY DEAF** ☐ **ORAL DEAF** ☐ **DEAFENED** ☐ **HARD OF HEARING** ☐ **HEARING**

HOME ADDRESS _____

POSTAL CODE _____

HOME TEL _____ **TTY** _____ **FAX** _____

HOME E-MAIL _____

WORK ADDRESS _____

POSTAL CODE _____

WORK TEL _____ **TTY** _____ **FAX** _____

E-MAIL ADDRESS _____

PLEASE ATTACH AN OUTLINE OF YOUR CAREER OR A RESUME WITH YOUR NOMINATION FORM

IF YOU ANSWER YES TO THE FOLLOWING QUESTIONS, PLEASE EXPLAIN BELOW.

Do you work for or conduct any business with CHS, or do any of your family members work for or conduct business with CHS? Yes ( ) No ( )

_____

_____

_____

_____

Is there any other potential for a conflict of interest? Yes ( ) No ( )

_____

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_____

CHS BOARD OF DIRECTORS EXPERTISE / EXPERIENCE (*All information remains confidential to CHS.)*
Please highlight either Yes or No.

Administration	Yes ( )	No ( )
Advocate (disabilities or others)	Yes ( )	No ( )
Audiologists / Health Care	Yes ( )	No ( )
Board Experience	Yes ( )	No ( )
Board Governance	Yes ( )	No ( )
Building Partnership and Relationships	Yes ( )	No ( )
Community Leader	Yes ( )	No ( )
Corporate Leader	Yes ( )	No ( )
Educator	Yes ( )	No ( )
Finance / Accounting / Audit	Yes ( )	No ( )
Fundraising Special Events	Yes ( )	No ( )
Fund Development (Capital)	Yes ( )	No ( )
Government Relations	Yes ( )	No ( )
Human Resources	Yes ( )	No ( )
Lawyer	Yes ( )	No ( )
Long Term / Strategic Planning	Yes ( )	No ( )
Medical Professional	Yes ( )	No ( )
Network with Public / Private Services	Yes ( )	No ( )
Non-profit Relationships	Yes ( )	No ( )
Long Term Planner	Yes ( )	No ( )
Public Relations / Marketer	Yes ( )	No ( )
Service Club Member	Yes ( )	No ( )
Youth Leader	Yes ( )	No ( )

Language English ( ) French ( ) ASL ( ) LSQ ( )

Other : _____

_____

VOLUNTEER EXPERIENCE:_____

_____

_____

_____

_____

WHY ARE YOU INTERESTED IN CHS? _____

_____

_____

_____

HOW WOULD YOU LIKE TO CONTRIBUTE YOUR TIME AND TALENTS TO CHS? _____

_____

_____

_____

ON WHICH OF THE FOLLOWING COMMITTEES WOULD YOU LIKE TO SERVE?

- ☐ **EXECUTIVE**
- ☐ **FINANCE & AUDIT**
- ☐ **FUNDRAISING**
- ☐ **GOVERNANCE**

IN THE FUTURE COULD YOU SEE YOURSELF IN ANY OF THE FOLLOWING LEADERSHIP ROLES?

- ☐ **BOARD CHAIR**
- ☐ **COMMITTEE CHAIR**
- ☐ **TREASURER**

I HEREBY CONSENT TO SERVE A THREE-YEAR TERM AS A DIRECTOR OF THE GOVERNING BOARD OF THE CANADIAN HEARING SOCIETY, IF NOMINATED BY THE GOVERNANCE COMMITTEE AND ELECTED BY THE MEMBERS AT A MEETING OF THE BOARD OF DIRECTORS.

I UNDERSTAND THAT MY ELECTION TO THE BOARD OF DIRECTORS IS SUBJECT TO BECOMING A MEMBER OF THE CANADIAN HEARING SOCIETY AND PROVIDING EVIDENCE OF A CRIMINAL REFERENCE CHECK .

_____ _____

SIGNATURE OF NOMINEE **DATE**

AS A MEMBER IN GOOD STANDING OF THE CANADIAN HEARING SOCIETY, I HEREBY NOMINATE

_____ *AS A DIRECTOR OF THE GOVERNING BOARD.*

_____ _____

SIGNATURE OF NOMINATOR **DATE**

_____

NAME (PLEASE PRINT)

PLEASE SUBMIT THIS FORM TO BOARD SECRETARY OR FAX TO 416-928-2517
THE CANADIAN HEARING SOCIETY
271 SPADINA ROAD, TORONTO, ON M5R 2V3