

2024 Nomination Form to the Board of Directors

Nominee's Name (First, Initial, Last):			
Date of Birth (dd /mm/yyyy):			
Address:			
City:	PC:		
Home Phone:	Mobile Phone:		
Email:			
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 Canac	la?	☐ 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?	□ Yes	□ No
Is the nominee/are you a parent or other relative of an individual with sb and/or h?	□ Yes	□ No
If a relative please provide relationship:		
Please tell us why you/nominee would like a position on the Board of Directors of Hydrony any other information you would like the organization to consider. Voting will take place the place of the property	•	

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, 2024.

Mail: Hydrocephalus Canada Board Development Committee

16 Four Seasons Place, Suite 111

Toronto, ON M9B 6E5

Email: info@hydrocephalus.ca

Fax: 416-214-1446