



# Maple Leaf Award

Trophée Maple Leaf



Ostomy Canada Society | Société Canadienne des Personnes Stomisées

Please type or print all information/S.v.p., écrire l'information en caractères d'imprimerie

If you need more room for responses, please attach a separate sheet/Si vous avez besoin plus d'espace, vous pouvez ajouter une page séparée.

Nominating Chapter/Association proposante \_\_\_\_\_

Contact Person/Personne responsable \_\_\_\_\_

Phone/Téléphone \_\_\_\_\_ Email/Courriel \_\_\_\_\_

## NAME OF NOMINEE/NOM DE LA PERSONNE

### PROPOSÉE:

1. Is the nominee a member of your chapter?  Yes  No  
 Est-il/elle membre de votre association locale ?  Oui  Non  
 If yes, how long?/Si oui, depuis quand? \_\_\_\_\_

2. Does the nominee hold/held any of the following positions at the local level?  
 Détient-il/elle ou a-t-il/telle déjà tenu un des postes suivants au niveau local?  
 President/Président \_\_\_\_\_ year(s)/année(s)  Treasurer/Trésorier \_\_\_\_\_ year(s)/année(s)  
 Secretary/Secrétaire \_\_\_\_\_ year(s)/année(s)  Board member/Membre du conseil \_\_\_\_\_ year(s)/année(s)  
 Other-please specify/Autre-veuillez préciser \_\_\_\_\_

3. Does the nominee hold/held any of the following positions at the national level?  
 Détient-il/elle ou a-t-il/elle déjà tenu un des postes suivants au niveau national?  
 President/Présidente \_\_\_\_\_ year(s)/année(s)  Treasurer/Trésorier \_\_\_\_\_ year(s)/année(s)  
 Secretary/Secrétaire \_\_\_\_\_ year(s)/année(s)  Board member/Membre du conseil \_\_\_\_\_ year(s)/année(s)  
 Other-please specify/Autre-veuillez préciser \_\_\_\_\_

4. Has the nominee promoted awareness at the: Local level  Yes  No National level  Yes  No  
 Fait-il/telle la promotion de la SCPS au: niveau local  Oui  Non niveau national  Oui  Non  
 If yes, please describe. Si oui, élaborer \_\_\_\_\_

5. Has the nominee been involved in the Chapter Outreach Support Services (COSS) Program?  
 A-t-il/elle participé au Programme de service de soutien des associations dans sa région?  Yes  No  
 As a visitor Trainer/Formation des visiteurs  As a trained/certified ostomy visitor/un visiteur certifié stomisé  Oui  Non  
 As Chapter Visiting Coordinator/coordonateur de visiteurs locaux  
 As a COSS Rep/comme représentant de COSS  
 Other-please specify/Autre-veuillez préciser \_\_\_\_\_

6. Has the nominee attended the Ostomy Canada Society Annual General Meetings as delegate?  
 Est-il/elle allé(e) à des assemblées générales annuelles comme un délégué de l'association?  Yes  No  
 Oui  Non  
 Has the nominee attended the Ostomy Canada Society biennial conferences?  
 Est-il/elle allé(e) au congrès biennal de la SCPS?  Yes  No  
 Oui  Non  
 If yes, please specify which conferences and in what capacity/ Si oui, veuillez préciser quel congrès et dans quel rôle.

7. Has the nominee participated in chapter/national fundraising?  
 A-t-il/elle participé aux campagnes de levée de fonds au niveau local/national ?  Yes  No  
 Oui  Non  
 If yes, please describe/Si oui, élaborez \_\_\_\_\_

8. Has the nominee been involved in the Ostomy Canada Society program/services? Please check all that applies.  
 Participe-t-il/elle aux programmes et services de la SCPS ? Cochez tous ceux qui s'appliquent.  
 Ostomy Canada Magazine  Ostomy Canada Connects  Chapter Newsletter  Ostomy Youth Camp  
 SASO  20/40  Friends of Ostomates Worldwide  
 Other-please specify/Autre-veuillez préciser \_\_\_\_\_  
 Please describe the nature of the involvement/S.v.p. élaborer le genre de participation \_\_\_\_\_

9. Briefly comment on why you feel the nominee should receive the Maple Leaf Award on a separate sheet.  
 Brièvement, indiquer pourquoi il/elle mérite le trophée Maple Leaf dans une page séparée.

Completed Maple Leaf Award nomination form to be sent to Ostomy Canada Society: 5800 Ambler Drive, Suite 210, Mississauga, ON L4W 4J4 : attention: Awards Committee Leader, by April 30, 2016 Le formulaire de mise en candidature dûment complété doit être envoyé au: Bureau national de Société canadienne des personnes stomées, 5800 Ambler Drive, Suite 210, Mississauga, ON L4W 4J4 : a/s de : Personne responsable des prix mérite, par le 30 avril, 2016

## SELECTION CRITERIA FOR MAPLE LEAF AWARD NOMINEE

The selection criteria will be considered by the four most recent Maple Leaf Award recipients. The following are the criteria that must be adhered to:

**1. Active Membership**

The nominee must be a member of good standing in a local chapter and Ostomy Canada Society.

**2. Good Leadership at the Local Level**

Contributes to the organization of the chapter and its activities for the betterment of its members. Nominees with a good sense of direction and leadership skills help the chapter members focus on setting goals and objectives.

**3. Good Leadership at the National Level**

Contributes to the national organization: for example committee membership, community liaison, as a member of the Board of Directors, etc. Nominees with a good sense of direction and leadership skills are an asset to the setting of goals and objectives for the national organization.

**4. Promotes Ostomy Canada Society and Ostomy Awareness**

An interest in promoting public awareness of Ostomy Canada Society is an important asset. Nominees should have the skills to promote public awareness and the Ostomy Canada Society mission within the local or medical community.

**5. Involvement in Chapter Outreach Support Services (COSS)**

The nominee devotes the time and energy, as a volunteer, in the COSS program, for example: as a visitor trainer or presenter; a trained visitor or chapter visiting coordinator.

**6. Good Representation**

The nominee represents the chapter at, for example, Ostomy Canada Society conference(s), AGM(s), Chapter Information Session(s), Regional Conferences and Allied Agency functions: e.g. Bladder Cancer Canada, Crohn's and Colitis Foundation, FOWC, etc.

**7. Excellent Fundraiser**

An understanding of different methods of fundraising is important for the nominee to have. Strategy planning on how to raise money for a chapter and Ostomy Canada Society is the main task of a fundraiser. Nominees should have some experience in the planning and execution of fundraising events at the chapter and national level.

**8. Involvement at National level**

Nominees who are involved with different programs/services of the Ostomy Canada Society can influence the growth of a chapter. Nominees who are involved are a great asset.

**9. Good Personality**

Nominees must be well-liked by chapter members and others. He/she should have a caring, positive attitude conducive to creating a friendly and welcoming atmosphere at the chapter and national meetings.