

**Ostomy Canada Society Inc.  
Nomination for Election August 2018**

**Vice-President: One (2) year term 2018 to 2020**  
**Secretary: One (2) year term 2018 to 2020**  
**Treasurer: One (2) year term 2018 to 2020**  
**Six (6) Directors: Six for two (2) year term 2018 to 2020**

Our chapter hereby places for nomination the following candidate for the position of (select one):  
**Vice-President, Secretary/Treasurer, Director**

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

**Candidate's Chapter Experience:** List positions held & length of term if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Candidate's Ostomy Canada Society National Experience:** List positions held & length of term if applicable

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOMINATED BY:**

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

*(Two signatures required with a maximum of three)*

Signed (please print) \_\_\_\_\_ Position \_\_\_\_\_ (if applicable)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed (please print) \_\_\_\_\_ Position \_\_\_\_\_ (if applicable)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signed (please print) \_\_\_\_\_ Position \_\_\_\_\_ (if applicable)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CANDIDATE'S CONSENT TO SERVE:**

If elected, I agree to serve for the term September 2018 to August 2020

Name: (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEADLINE FOR NOMINATION: May 31, 2018**

April, 2018

# Ostomy Canada Society Inc.

## CANDIDATE PROFILE FORM

**DEADLINE FOR NOMINATION: May 31, 2018**

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

Chapter: \_\_\_\_\_

Chapter Address: \_\_\_\_\_

Chapter e-mail Address: \_\_\_\_\_

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

Type of Diversionary Surgery If applicable: \_\_\_\_\_ Year: \_\_\_\_\_

### **Please respond to the following:**

Do you have any leadership experience other than with Ostomy Canada Society?  Yes  No

If yes, please describe: \_\_\_\_\_

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### **Do you have experience in any of the following areas?**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> Governance, strategic planning               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Finance and Fundraising                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Advocacy, awareness of ostomy-related issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Marketing and Communication                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Outreach, networking, peer support groups    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

How would your skills benefit Ostomy Canada Society? \_\_\_\_\_

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What time commitment can you make to Ostomy Canada Society? For example: 2 hours/day, 5 hours/week; etc.

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**If elected to the Ostomy Canada Society Board, what committees are you interested in? For example: Bylaws, Fundraising, Advocacy, Publications, Visiting Program.**

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**NOTE:** *If elected to the Ostomy Canada Society Board, it is expected that you will financially support the organization in whatever way you feel appropriate.*

April, 2018



**Ostomy Canada Society Inc.  
CANDIDATE INFORMATION - 2018**

**PERSONAL INFORMATION: FOR Ostomy Canada Society OFFICE USE ONLY**

The following information is requested to ensure that all appropriate election information is sent directly to you. This information will remain in the office and shall not be released without your written consent.

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

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

\_\_\_\_\_

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

Phone:      Home: \_\_\_\_\_

Work: \_\_\_\_\_

Optional

Please include this with your candidate's information that is sent to National Office.

Ostomy Canada Society Inc.  
5800, Ambler Drive, Suite 210  
Mississauga, ON L4W 4J4

Ann Ivol,  
President, Ostomy Canada Society Inc.