

**Ostomy Canada Society Inc.
Nomination for Election August 2019**

President: One (2) year term 2019 to 2021
Vice-President: One (2) year term 2019 to 2021
Secretary: One (2) year term 2019 to 2021
Treasurer: One (2) year term 2019 to 2021
Five (5) Directors: Five for two (2) year term 2019 to 2021

Our chapter hereby places for nomination the following candidate for the position of (select one):
President, 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, 2019

February, 2019

Ostomy Canada Society Inc.

CANDIDATE PROFILE FORM

DEADLINE FOR NOMINATION: May 31, 2019

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: _____

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? _____

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

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

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.*

February, 2019

**Ostomy Canada Society Inc.
CANDIDATE INFORMATION - 2019**

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.