

OSTOMY CANADA SOCIETY



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/elle 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 Ostomy Canada Society 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 Community Outreach Support Services (COSS) Program? Yes No
 A-t-il/elle participé au Programme de service de soutien des associations dans sa région? Oui Non
As a visitor Trainer/Formation des visiteurs As a trained/certified ostomy visitor/un visiteur certifié stomisé
As Chapter Visiting Coordinator/coordonateur de visiteurs locaux
As a COSS (DSS) Rep/comme représentant de COSS(DSS)
Other-please specify/Autre-veuillez préciser _____
6. Has the nominee attended the Ostomy Canada Society Annual General Meetings as a delegate? Yes No
 Est-il/elle allé(e) à des assemblées générales annuelles comme un délégué de l'association? Oui Non
 Has the nominee attended any Ostomy Canada Society conference? Yes No
 Est-il/elle allé(e) à aucun congrès de la SCPS? 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? Yes No
 A-t-il/elle participé aux campagnes de levée de fonds au niveau local/national ? Oui Non
 If yes, please describe/Si oui, élaborer _____
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 Canada 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 Ostomy Canada Society Maple Leaf Award on a separate sheet.
 Brièvement, indiquer pourquoi il/elle mérite le trophée Maple Leaf de La Société Canadienne des Personnes Stomisées dans une page séparée.

Completed Maple Leaf Award nomination form to be sent to Ostomy Canada National Office, 5800 Ambler Drive, Suite 210, Mississauga, ON, L4W 4J4, attention: Awards Committee Leader, **by May 31, 2019** Le formulaire de mise en candidature dûment complété doit être envoyé au: Bureau national de la SCPS, 5800 Ambler Drive, Suite 210, Mississauga, ON, L4W 4J4 : a/s de : Personne responsable des prix mérite, **par le 31 mai, 2019**

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. 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. 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 Community Outreach Support Services (COSS)

6. 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.

7. 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.

8. 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.

9. 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.

10. 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.