

Maple Leaf Award

Trophée Maple Leaf

Nomination Form

Nominating Chapter/Support Group/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/Support Group? Est-il/elle membre de votre association locale ?

Yes/Oui No/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?

Chair/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?

Chair/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

4. Has the nominee promoted Ostomy Canada Society awareness at the/Fait-il/telle la promotion de la SCPS au:

Local level/ niveau local Yes/Oui No/Non

National level/ niveau national Yes/Oui No/Non

If yes, please describe. Si oui, élaborer:

5. Has the nominee been involved in the Chapter/Support Group Outreach? A-t-il/elle participé au Programme de service de soutien des associations dans sa région? Yes/Oui No/Non

As a visitor Coordinator/formation des visiteurs

As a trained/certified ostomy visitor/un visiteur certifié stomisé

As Chapter/Support Group Visitor Coordinator/coordonateur de visiteurs locaux

Other-please specify/Autre-veuillez préciser:

6. Has the nominee participated in Chapter/Support Group national fundraising, such as Step Up for Ostomy? A-t-il/elle participé aux campagnes de levée de fonds au niveau local/national?

Yes/Oui No/Non

If yes, please describe/Si oui, élaborer:

7. In what capacity has the nominee been involved in Ostomy Canada? 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/Support Group Newsletter

Friends of Ostomates Worldwide

Ostomy Canada Youth Camp

Ostomy Canada AGM Delegate

Other-please specify/Autre-veuillez préciser (like SASO, article submissions to Connects or magazine, 20/40, Gutsy Gang, etc.):

Please describe the nature of the involvement/S.v.p. élaborer le genre de participation

8. In what ways has the nominee represented their Chapter/Support Group and/or Ostomy Canada outside the organization?

9. Briefly comment on why you feel the nominee should receive the Ostomy Canada Society Maple Leaf Award. Brièvement, indiquer pourquoi il/elle mérite le trophée Maple Leaf de La Société Canadienne des Personnes Stomisées. *Please do not submit more than 500 words. Please note that some of this information may be used to write an award presentation and/or an article for the award winner. Veuillez ne pas soumettre plus de 500 mots. Veuillez noter que certaines de ces informations peuvent être utilisées pour rédiger une présentation de prix et/ou un article pour le lauréat.*

Completed Maple Leaf Award nomination form to be sent to Ostomy Canada National Office via email to info1@ostomycanada.ca or via mail to 5800 Ambler Drive, Suite 210, Mississauga, ON, L4W 4J4, attention: Awards Committee Leader, by June 1, 2024. Le formulaire de mise en candidature dûment complété doit être envoyé au Bureau national de la SCPS par courriel (info1@ostomycanada.ca) or par la poste: 5800 Ambler Drive, Suite 210, Mississauga, ON, L4W 4J4 : a/s de : Personne responsable des prix mérite, par le 1 juin, 2024.

Selection Criteria for Maple Leaf Award Nominee

The selection criteria will be considered by members of the Awards Committee. The following are the criteria that should be adhered to:

1. ACTIVE MEMBERSHIP

The nominee must be a member of good standing in a local Chapter/Support Group and Ostomy Canada.

2. LEADERSHIP AT THE LOCAL LEVEL

Contributes to the organization of the Chapter/Support Group and its activities for the betterment of its members, with a good sense of direction and leadership skills, help the Chapter/Support Group members focus on setting goals and objectives.

3. LEADERSHIP AT THE NATIONAL LEVEL

Contributes to the national organization: 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)

The nominee devotes the time and energy, as a volunteer, for example: as a visitor coordinator or presenter; or Chapter/Support Group visitor coordinator, Youth Camp volunteer, Group leadership.

6. 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/Support Group 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/Support Group and national level.

7. INVOLVEMENT AT NATIONAL LEVEL

Nominees who are involved with different programs/services of the Ostomy Canada Society can influence the growth of a Chapter/Support Group. Nominees who are involved are a great asset. The nominee helps foster a caring, positive and welcoming atmosphere through their involvement.