



**NORTHERN HEALTH
FOUNDATION**

Nomination Form for Appointment to the Northern Health Foundation Board of Directors

I. BIOGRAPHICAL INFORMATION

Nominee's full name _____

Mr Mrs Ms Miss

Optional: Bilingual Yes No Language

Aboriginal Yes No

E-mail address: _____

Street Address: _____

Mailing Address (if different) _____

Telephone Number: (____) _____ - _____

Cellphone Number: (____) _____ - _____

Fax Number: (____) _____ - _____

Employment Status Employed Full time Employed Part time

Not Employed Retired

Homemaker Student

Employer: _____

By checking this box, I consent to this nomination and affirm that all of the information provided is truthful and accurate to the best of my knowledge.

Date _____

II . QUALIFICATIONS & EXPRESSION OF INTEREST

Please state the skills, experience, qualifications, community involvement and any other relevant factors which make the nominee a suitable candidate.

Why is the nominee interested in serving on the board of the Northern Health Foundation?

III . REFERENCES

1.Name: _____

Phone Number: (_____) _____ - _____

Relationship (i.e. friend, employer, etc.): _____

2. Name: _____

Phone Number: (_____) _____ - _____

Relationship (i.e. friend, employer, etc.): _____

3. Name: _____

Phone Number: (_____) _____ - _____

Relationship (i.e. friend, employer, etc.): _____

Nominated by: _____

(If self, indicate self)

Email the completed application to info@northernhealthfoundation.ca A résumé, CV or any additional information should be submitted along with this form.