



**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      Date of Birth:

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 [northernhealthfoundation@gmail.com](mailto:northernhealthfoundation@gmail.com) A résumé, CV or any additional information should be submitted along with this form.