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**Board of Directors Nominee Information Form**  
**North Huron Family Health Team**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Current Employment: \_\_\_\_\_

Professional/Work Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Volunteer Experience(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Interests/Skills: \_\_\_\_\_

\_\_\_\_\_

Reason for Interest in Board Membership: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For Board Use Only:

Recommended for Nomination: YES \_\_\_\_\_ *Complete Board Nomination Form*  
NO \_\_\_\_\_ Explanation: \_\_\_\_\_

Reviewed by:

Board Member: \_\_\_\_\_ Date: \_\_\_\_\_



285 Catherine Street  
Wingham, ON N0G 2W0  
T: (519) 357-3930  
F: (519) 357-3928

Board Member: \_\_\_\_\_ Date: \_\_\_\_\_

Forward Completed Form to \_\_\_\_\_

### Nomination to Board of Directors North Huron Family Health Team

We wish to nominate \_\_\_\_\_ to serve as Director on the North Huron Family Health Team Board.

**Please check one:**

- Nomination is for Hospital Alliance Board representative Director ( )
- Nomination is for Community Care Access Centre representative Director ( )
- Nomination is for Family Health Network representative Director ( )
- Nomination is for Director-at-Large representative ( )

Statement of Disclosure (current and two year prior business, charitable, community involvements).

\_\_\_\_\_  
\_\_\_\_\_

Nominated by: \_\_\_\_\_

Date: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Date: \_\_\_\_\_