

2nd CALL FOR NOMINATIONS FOR 2019 – 2021 RNAO BOARD OF DIRECTORS

Board of Director Vacancies

- **Regional 2 Representatives, (one year term)***
- **Regional 3 Representatives, (two year term)**
- **Regional 5 Representatives, (two year term)**
- **Regional 6 Representatives, (one year term)***
- **Regional 11 Representatives, (two year term)**
- **Regional 12 Representatives, (one year term)***

Committee Vacancies (2 year term)

- **Bylaws Committee – One vacancy**

In accordance with RNAO policies, members of board committees shall be appointed by the board of directors.

GUIDELINES

- Nominations must be received no later than **Wednesday December 19, 2018 at 5:00pm EST**
- All nominations should be sent to Ifrah Ali's attention, on behalf of the Chair, Provincial Nominations Committee at iali@RNAO.ca (or by fax to 416-599-1926); or by regular mail to: RNAO, 158 Pearl Street, Toronto, ON M5H 1L3
- Person nominated **must be an RNAO member in good standing for the year 2019**, who is willing to carry out the obligations of the office to which she/he may be elected
- **Candidates for the position of Interest Group Representative shall be a current or immediate past Provincial Interest Group Chair**
- Candidates require the signatures of **three** nominators who **must** be RNAO members in good standing for the year 2019
- Past experience and involvement is beneficial (e.g. active chapter, region without chapters, or interest group executive member)
- Members can run for only one (1) position in the elections
- Should you let your name stand and then withdrawal, your name will, once approved by the Provincial Nominations Committee, remain on the Ticket of Nominations, subject to announcement to the Members
- All nominations should must a short biography of the candidate of **not more than 250 words** which covers (i) education/experience and (ii) philosophy (please do not forward a CV. Biography must be a Word document, not PDF)
- Nominations must include a head and shoulders photograph of each candidate.
- Information about a candidate and her/his photograph will be posted on the RNAO website, during the voting period ahead of the AGM. If you wish to have a video-clip available for members to view, please limit to 2 minutes maximum and submit by the deadline of December 19, 2018.
- Candidates must participate in candidate webinars to be scheduled in February/March 2019

NOMINATION FORM

Both pages of this nomination form must be correctly completed to nominate a candidate to one of the above-noted vacant director positions, in accordance with RNAO Policy 6.04.

CANDIDATE INFORMATION (please print)

NAME: _____ CREDENTIALS: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: (RES) _____ (BUS) _____ extn _____

EMAIL: _____

RNAO #: _____

CHAPTER: _____

REGION: _____

CANDIDATE (NOMINEE) CONSENT:

I, _____ consent to my name standing for election to the office of _____ for the designated term of office, and agree to fulfill the duties of the office if elected. **I confirm that I understand the role and responsibilities of this position and agree to adhere to them.**

Signature _____ Date: _____

SUPPORT FOR CANDIDATE:

The candidate and nominators **must** be RNAO members currently in good standing for the membership year 2019. In the space below, a candidate is required to obtain the signatures and contact information of **three** nominators.

All nominations must be received by mail or fax no later than **Wednesday December 19, 2018 at 5:00pm EST** at the RNAO home office. *Applications incorrectly or inadequately completed will not be accepted. PLEASE ENSURE YOU HAVE READ AND UNDERSTAND THE GUIDELINES OVERLEAF.*

ENDORSEMENT – WE HEREBY NOMINATE THE ABOVE-NAMED CANDIDATE FOR THE POSITION OF:

- Regional Representative**
- Bylaw Committee (2 year term)**

Name _____ **RNAO #** _____

Address _____

Business Phone # _____ **Residence #** _____

Signature _____ **EMAIL:** _____

Name _____ **RNAO #** _____

Address _____

Business Phone # _____ **Residence #** _____

Signature _____ **EMAIL:** _____

Name _____ **RNAO #** _____

Address _____

Business Phone # _____ **Residence #** _____

Signature _____ **EMAIL:** _____