

BOARD OF DIRECTORS NOMINATION AND APPLICATION FORM

In addition to your resumé, please provide your	our responses to the following questions:
☐ I am interested in submitting my name for consideration to join the NIED Board of Directors	
I am interested in participating on the following Human Resources ☐ Volunteer ☐ Education ☐ Finance ☐ Communications ☐ Fundraising ☐ Lived Experience and Caregivers Advisory	
FIRST NAME	LAST NAME
STREET ADDRESS	CITY / PROVINCE
POSTAL CODE	COUNTRY
E-MAIL ADDRESS	TELEPHONE NUMBER
and Executive Director) will store this information	is form to NIED, I understand that NIED (e.g. Board Directors ation in a database and use this information to contact me rocess only. This information will be stored and protected in
Signature	DATE

1. Please tell us why you are interested in becoming a member of NIED's Board of Directors.
2. Please share with us any experience, education and/or training that you believe will be helpful to your participation on the NIED Board of Directors.
3. Are you aware of any conflict* of interest that may prevent you from participating in
decisions regarding NIED's Strategic Plan goals, objectives or activities?
*Questions regarding NIED's Declaration of Interests policy may be directed to Mark Ferdinand at 613-979-8482 or mark@ nied.ca. NIED will not provide any legal advice regarding any potential conflicts of interests a potential candidate may raise with NIED in confidence. However, NIED will explain its Declaration of Interests policy and how it seeks to avoid or resolve conflicts when they arise in organizational decision-making.

Thank you.