****

**Hospice of Waterloo Region**

**Nomination Application**

**Advisory Council and Board Committee**

*For internal use only. This form is considered confidential.*

|  |  |  |
| --- | --- | --- |
| **I. Nomination Application for a position on the Hospice of Waterloo Region:** | | |
| Advisory Council | Board Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Board Member |

|  |  |
| --- | --- |
| **II. Nominees Personal/Contact Information:** | |
| Complete name |  |
| Street Address |  |
| City | Postal Code |
| Phone: Cell | Home |
| Work | e-Mail |

|  |
| --- |
| **III. Brief Summary of Nominees Background and Experience:** |
|  |

|  |
| --- |
| **IV. Please indicate the candidate's skills/assets that would support the mission, vision, and strategic plan of HWR:** |
| Intellectual/Knowledge Capital: |
|  |
| Reputational Capital: |
|  |
| Political Capital: |
|  |
| Social Capital: |
|  |
| Other Comments supporting the nomination: |
|  |

|  |  |
| --- | --- |
| **V. Board Director(s) sponsoring the Nomination:** | |
| **Name:** | **Name:** |
| **Name:** | **Name:** |

|  |  |
| --- | --- |
| **VI. Lead Sponsor Signature and Contact Information:** | |
| **Signature:** | **Date:** |
| **Contact Preference:** | |