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**Hospice of Waterloo Region**

**Nomination Application**

**Advisory Council and Board Committee**

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

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

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

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| **III. Brief Summary of Nominees Background and Experience:** |
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| **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: |
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| **V. Board Director(s) sponsoring the Nomination:** |
| **Name:** | **Name:** |
| **Name:** | **Name:** |

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