*Alliance BOARD OF DIRECTORS*

***Deadline for Nominations: February 13, 2020***

 *APPLICATION FORM 2020-21*

***DEADLINE FOR NOMINATIONS IS***

***February 13, 2020***

**Information on this form will be used solely to inform the nomination process.**

**Information on this form will not be released publicly without nominee’s approval.**

**If you require any accommodations in completing this form, you can contact**

Corinne Christie, Executive Coordinator | corinne.christie@allianceON.org | 416 236 2539 x 222

1. **Nominee**

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

Res. Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Res. Tel. Bus. Tel.

Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

1. Have you ever served on the Alliance Board? 🞎 YES 🞎 NO

If yes, please give dates of your last term on the Board: \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

1. Name of Member Centre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What size is your organization?

🞎 Small (Organizational budget of under $2.5 million)

🞎 Medium (Organizational budget of $2.5 million to under $10 million)

🞎 Large (Organizational budget of $10 million and above)

Where is your organization located? (*Please select as many as appropriate)*

🞎 North/Remote (located in NE LHIN, and NW LHIN)

🞎 Urban area

🞎 Rural area

🞎 Other – specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your role at the organization?

Are you a member of Board 🞎

If so, how long have you been on the Board: \_\_\_\_\_\_\_\_\_\_\_\_

If so, what role(s) have you played on the Board: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of Staff 🞎

If so, what is your role at the organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have knowledge, expertise and/or lived experience related to any of the following areas?

🞎 Policy Governance

🞎 Strategic Planning

🞎 Financial Literacy

1. The Board of Directors is committed to being reflective and inclusive, as defined in its By-laws.

Which of the identified facets of diversity, if any, do you have lived experience of?

🞎 Indigenous

🞎 Francophone

🞎 Racialized

🞎 Rainbow communities\*

\*Rainbow communities as defined in the By-law “means inclusive of people from various sexual diversitiesand gender identities and expressions, as outlined within a living definition articulated within Alliance policy.”

1. Letter of Interest

Please review the accompanying Call for Nominations: Alliance Guidelines for Board Composition, and the Responsibilities and Expectations of The Alliance Directors.
Reflecting on the above, please complete the Letter of Interest by answering the following questions in the form provided:

* Given the Alliance’s vision, mission, values and strategic directions, how would you contribute to the Alliance as a member of the Board?
* Reflect on your capacity to move out of your Centre role, into the Board role that requires understanding the bigger picture of the provincial landscape.
* What does health equity through comprehensive primary health care mean to you?
* How does your knowledge, expertise and/or lived experience prepare you for a governance role with the Alliance?
1. **Nominator**

This is to confirm that the above-named nominee has the consent and approval of our centre to stand for election to a position on the Board of Directors of the Alliance for Healthier Communities.

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

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Centre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Enclosed:*** 🞎 ***Completed Application Form***

 🞎 ***Declaration of Commitment signed by Nominee***

 🞎 ***Letter of Interest (maximum 250 words per question)***

***DEADLINE FOR NOMINATIONS IS February 13, 2020***

***Declaration of Commitment***

As a Nominee for the Alliance for Healthier Communities Board of Directors I commit to the following:

* I agree with the Vision, Mission, and Values of the Alliance; the Health Equity Charter, the Model of Health and Wellbeing, as well as the Model of Wholistic Health and Wellbeing.
* I support the Alliance’s commitment to anti-oppression and health equity. This includes:
	+ Being aware of my own values, perceptions and assumptions; and
	+ Promoting inclusive and anti-oppressive relationships
	+ Attending training whether in-person or online
* I understand that the Alliance Board operates as a policy governance Board and I am willing to work within this framework. If I have not already been trained in policy governance, I am willing to be trained.
* I am aware that meetings are two consecutive days and are generally held during the week. I also need to consider travel time, depending on where I live in the province. To meet the pressures of Board members who work outside the sector and need to use vacation to attend meetings, at least one meeting per year may be held with one day of the two-day meeting on the weekend. I am committed to attend.
* I am aware that there is a 2.5-day Board of Director’s retreat in September held from Sunday with the orientation for new members possibly on same Sunday. I am committed to attend.
* I am aware that there is between 3-6 hours of preparation for each board meeting plus pre-reading for committee meetings. I am committed to come to the meetings prepared to participate.
* I am aware that there are additional time commitments for orientation and training, including Anti-Oppression and Anti-Racism training (one-day, in person), Governance training (one-day, in person) and Indigenous Cultural Safety training (online, 10 hours), and AODA training (online, 45mins.). I am committed to attend/participate.
* I am also committed to adhering to the policy & By-laws re attendance:
11.8 Vacation of Office

 The office of a director shall ipso facto be vacated if:

11.8.4 The director fails to attend two (2) regularly scheduled Board meetings within a twelve month period during their term of office. The resulting vacancy shall be filled in accordance with the By-laws. *The Board may suspend the application of this provision in extraordinary circumstances.*
11.8.4.1 For the purpose of this provision, “regularly scheduled Board meetings” include the five (5) meetings scheduled in the calendar per year including the one-day meeting in May.  It does not include the meeting to review the logistics of the Annual General Meeting, the AGM itself, Board retreats, or special meetings called by the Chair.

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

 Signature Name

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

 Date

**Alliance for Healthier Communities**

**Letter of Interest**

For each of the following questions, please provide an answer of no more than 250 words per question. The Nominations Committee will review and score each of your answers using an anonymized process. They will not know your name or the centre from which you are from. This is to enable evaluation on your responses and will reduce any bias if you are already known to the Nominations Committee.

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| 1. ***Given the Alliance’s vision, mission, values and strategic directions, how would***

 ***you contribute to the Alliance as a member of the Board?*** |

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| 1. ***Reflect on your capacity to move out of your Centre role, into the Board role that***

***requires understanding the bigger picture of the provincial landscape.*** |

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| 1. ***What does health equity through comprehensive primary health care mean to***

 ***you?*** |

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| --- |
| 1. ***How does your knowledge, expertise and/or lived experience prepare you***

 ***for governance role with the Alliance?***  |

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| --- |
| ***Any further comments:*** |

***Email the completed nominations package to Corinne Christie, Executive Coordinator:*** ***corinne.christie@allianceON.org***