



QFHSA Board of Directors Nomination Form 2018/2020

Name of Nominee: _____

Organization: _____

Nominated by:

Name: _____ Tel: _____

Address: _____ Email: _____

City: _____ Province: _____ Postal Code: _____

Signature: _____ Date: _____

Seconded by:

Name: _____ Tel: _____

Address: _____ Email: _____

City: _____ Province: _____ Postal Code: _____

Signature: _____ Date: _____

Nominee Information

Name: _____

Address: _____ Email: _____

City: _____ Province: _____ Postal Code: _____

Daytime phone: _____ Evening phone: _____

I accept my nomination

Signature: _____ Date: _____

Legal Qualities (circle):

✓ at least 18 years of age: Yes / No

✓ filed for bankruptcy: Yes / No

Others:

✓ I am a member of a local Home and School Association / or the Quebec Federation of Home and School Association Inc: Yes / No

✓ Seeking a two-year mandate: Yes / No

✓ Interim mandate: Yes / No

Board of Directors Experience:

Name of Company / Association / Group: _____

Contact: _____ phone number: _____

Start date: _____ End date: _____

Name of Company / Association / Group: _____

Contact: _____ phone number: _____

Start date: _____ End date: _____

Work Experience (starting with the most recent):

Company: _____ Title: _____

Contact: _____ Phone number: _____

Start date: _____ End date: _____

Company: _____ Title: _____

Contact: _____ Phone number: _____

Start date: _____ End date: _____

Please indicate briefly which of the following skills/experience/expertise you may have in the below mentioned areas. (check all that apply)

a) Human Resources: _____

b) Accounting and Finance: _____

c) Legal, especially non-profit: _____

d) Event planner: _____

e) Business, Business administration, especially non-profit: _____

f) Community Development: _____

g) Grant application: _____

h) Organizational development: _____

i) Other: _____

Home and school experience: _____
