

# CCDS BOARD OF DIRECTORS 2018 NOMINATION FORM

Thank you for taking the time to complete this nomination form. Please complete and return, inclusive of resume or CV, to Evan Wicklund (ewicklund@disabilitystudies.ca) at CCDS by **Monday July 23, 2017**. Please note CCDS is guided by intersectionality and inclusion. We seek to recruit potential Board Members who are differently socially located (inclusive of gender, sexuality, ethnicity, age, mental health, disability, etc.). This form may be completed as a self-nomination (directly by the nominee) or by another individual nominating someone else.

If you have any questions regarding the nomination process, please contact the CCDS Manitoba Office Lead/Research Officer, Evan Wicklund by email at ewicklund@disabilitystudies.ca or by phone at 1-204-287-8411 extension 25.

All applications must be submitted electronically (typescript only). Hand written applications cannot be accepted.

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NOMINEE NAME (*first and last*):

CITY:

PROVINCE:

ADDRESS:

POSTAL CODE:

PHONE:

EMAIL:

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NOMINATOR NAME *(first and last)*:

CITY:

PROVINCE:

PHONE:

EMAIL:

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Which of the following categories do you/the nominee identify with? (please check all boxes that apply, in relation to your experience with disability issues.)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> CONSUMER/PERSON WITH A DISABILITY | <input type="checkbox"/> SERVICE PROVIDER  | <input type="checkbox"/> GOVERNMENT              | <input type="checkbox"/> NON-GOVERNMENT ORGANIZATION |
| <input type="checkbox"/> STUDENT                           | <input type="checkbox"/> ADVOCATE/ACTIVIST | <input type="checkbox"/> FAMILY MEMBER/CAREGIVER | <input type="checkbox"/> CORPORATE/BUSINESS          |
| <input type="checkbox"/> ACADEMIC/RESEARCHER               | <input type="checkbox"/> SENIOR            | <input type="checkbox"/> VOLUNTEER               | <input type="checkbox"/> EMPLOYEE                    |
| <input type="checkbox"/> OTHER (PLEASE SPECIFY)            | <input type="text"/>                       |  |  |

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CCDS is a consumer-driven organization with dedicated board positions for individuals who identify as a person with disability and family members. If you/the nominee identify as a person with disability or a family member/caregiver, please indicate below:

- |   |  |
|---|--|
| <input type="checkbox"/> PERSON WITH A DISABILITY | <input type="checkbox"/> FAMILY MEMBER/CAREGIVER |
|---|--|

IF YES, PLEASE DESCRIBE YOUR EXPERIENCE:

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Please briefly describe the nature of your/the nominee's experiences in any of the following sectors including: government, academic/research, non-government organizations, service provision, advocacy/activism, and/or corporate/business. Please include details about:

- The number of years of experience in the sector(s)
- The names of organizations/agencies/institutions you/they were involved with
- Your/their roles and responsibilities

PLEASE LIMIT YOUR RESPONSE TO 500 WORDS OR LESS:

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Please list any other relevant professional affiliations or memberships (including any previous board experience):

- The number of years of experience in the sector(s)
- The names of organizations/agencies/institutions you/they were involved with
- Your/their roles and responsibilities

PLEASE LIMIT YOUR RESPONSE TO 500 WORDS OR LESS:

In any given year, there may be specific competencies or perspectives that the board requires to complement board members' current strengths and perspectives. Please indicate your/the nominee's level of experience with the following skills and competencies by checking the boxes below:

| SKILLS/COMPETANCIES  | EXPERIENCE LEVEL         |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  | A LOT                    | SOME                     | LITTLE OR NONE           |
| Engaging in respectful deliberation to achieve progressive, productive decisions           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Practicing and working out of organizational values and setting your personal agenda aside | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Strategic planning   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Governance   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fulfilling board and committee obligations   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fundraising  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using verbal, written, and oral or enabled communications skills                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Information and communications technology  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Web-based collaborative platforms (e.g., SharePoint, Dropbox, Basecamp, etc.)              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recruiting, hiring and evaluating at Executive Director level                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Financial management and control (budgeting, accounting)                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communications, marketing and/or public and media relations                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organizational development   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Canadian laws and legislation  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to read in French  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to write in French   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to speak French  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please list): <input type="text"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please list): <input type="text"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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Nominees, or nominators, may make a statement describing why the individual being nominated would make a worthy member of the CCDS Board as outlined in the accompanying *Call for Nominations*. This will appear in the nominee's profile unedited. Please use the third person, whether referring to yourself or to the person whome you are nominating.

EXAMPLE: *X would be an excellent candidate because of thier ... etc.*

PLEASE TYPE:

Please add another page to your application if required (CV, etc.)