Creating lasting change together.
Créer ensemble des changements durables.


# 2020–2021 Eviance Board of Directors Nomination Form

Please complete and return this form to Eviance by Monday, July 20th, 2020 at 4pm CST. Please note Eviance is guided by intersectionality and inclusion. As such we seek to recruit one Board Member differently socially located (i.e. gender; disability; ethnoracial —
cultural; sexual orientation; age; etc) for a three-year term.

Candidate name *(first and last)*:

Enter name

City: Province:

Enter Province

Enter City

Address: Postal Code:

Enter Postal Code

Enter Address

Phone: Email:

Enter Email

Enter Phone Number

Please select the affiliation or networks related to disability issues or fields of study that the nominee identifies with (select all that apply):

X

X

X

|  |  |  |
| --- | --- | --- |
| Consumer | Student | Academia/research |
| XX | X |  |
| Service Provider | Advocacy | Senior |
| XX | X |  |
| Government | Business | Volunteer |
| XX |  |  |
| NGO | Family member/ |  |
|  | caregiver |  |

 Please indicate the types of experience that the nominee would have:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NGO Employee/volunteer:Enter Employee Number |  | Years:Years |  | Organization:Enter Organization |
| Employee/volunteer for a disability org: |  | Years: |  | Organization: |
| Enter Employee NumberDisability-related education/research: |  | YearsYears: |  | Enter OrganizationOrganization: |
| Enter Employee NumberBusiness owner/private sector employee: |  | YearsYears: |  | Enter OrganizationOrganization: |
| Enter Employee NumberPublic sector employee: |  | YearsYears: |  | Enter OrganizationOrganization: |

Enter Organization

Enter Employee Number

Years

Please identify the nature of the networks and specific affiliations the nominee is a part of:

Local National International Other (*Please specify*)

X

X

X

X

Specific affiliations:

Enter affiliations

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Nominator name *(first and last)*: Date *(yyy/mm/dd):*

YYYY/MM/DD

Enter name

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Eviance supports the principles of equity, diversity and inclusion. As such, we are consumer-driven with a dedicated position for family member inclusion. Please feel free to voluntarily self-identify as:

X

Xxa

Person with a disability Family member/Caregiver Nature of Disability (*of self or family member*):

Nature of Disability

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In any given year, there may be specific competencies or perspectives that the Board requires to compliment the Board Members’ current strengths and perspectives. Please check all that apply to you and your related experience:

Little

Some

Lots

Experience Level

 Skills, Competencies

Understanding of Eviance and the range of disabilities and cross-disabilities issues through a lens of social justice issues

Xxa

Xxa

Understanding and experience in the value of respectful
deliberation to achieve progressive, productive decisions

Xxa

Practicing and working out of our (Eviance) values and setting your personal agenda aside

Xxa

Strategic planning

Able to govern effectively as a member of a board

Xxa

Availability to fulfill board and committee obligations

Xxa

Xxa

Fundraising

Little

Some

Lots

Experience Level

**Level**

 Skills, Competencies

Xxa

Excellent verbal, written, and oral or enabled
communications skills.

Xxa

Computer skills (teleconferencing SharePoint, webinars, etc)

Xxa

Recruiting, hiring and evaluating at Executive Director level

Xxa

Financial management and control (budgeting, accounting)

Xxa

Communication, public and media relations

Xxa

Organizational development

Xxa

Information technology

Xxa

Communications (PR, Marketing, etc)

Xxa

Legal

Xxa

Bilingualism is an asset (French/English)

Xxa

Other (*please list*):

Candidates, or an individual nominating a candidate, may make a statement describing why the individual being nominated would make a worthy member of the Eviance Board as outlined in the accompanying Call for Nominations. This will appear in the candidate’s profile unedited. Please use the third person, whether referring to yourself or to someone whom you are nominating.

**EXAMPLE**: X would be an excellent candidate because of their ... etc. Please type (*or print*):

Enter description here.

Please add another page to your application if required.

# Authorization

This section must be completed by the nominee.

**To the Candidate being nominated:**

Thank you for agreeing to allow your name to stand for nomination to the Canadian Centre on Disability Studies operating as Eviance Board of Directors. In doing so you understand and agree that:

You are interested in being informed on all federal and international consultations on the matters of disability and are looking forward to the opportunity to influence public discourse and policy;

You are committed to learning and promoting intersectionality and inclusion, and are prepared to promote how these values can inform new and innovative practices in society;

You want to be invested in the governance of a learning organization dedicated to working with a broad spectrum of disability stakeholders with a vision of realizing an inclusive, equitable and accessible society for all; and,

You want to be part of a hub of knowledge on local, provincial/territorial, national, and global cross-disability issues as we seek to weave the threads for a true society guided by community-based, intersectional and inclusive policies, practices and research.

What *do you* hope to gain by joining our board? (*will not be published*):

Enter description here.

I agree to let my name stand for nomination to the Eviance Board of Directors.

Name (*first and last*): Date *(yyy/mm/dd):*

YYYY/MM/DD

Enter name

If you have any questions regarding the nomination process, please contact the Eviance Research Officer, Kate Grisim at **kate.grisim@eviance.ca**or (204) 287-8411.