



**Fraser Valley Aboriginal Children and Family Services Society**

**Board of Directors**  
#1-7201 Vedder Road  
Chilliwack, BC V2R 4G5

Phone: 604-858-0113  
Fax: 604-824-5326  
Toll Free: 1-800-663-9393

**BOARD OF DIRECTOR NOMINATION FORM**

Nomination forms must be received by FVACFSS before **5:00pm on Thursday October 11, 2018** in order for the nominee to be eligible for the AGM Board election. All nomination forms received by the deadline will be reviewed by the Nominations Committee to confirm the Nominee’s eligibility and applicable experience, using the nomination criteria listed on page 2 of this form. Please provide all of the information requested on page 1 and 2 of this form.

Nomination forms may be: 1) mailed, faxed or hand delivered to Jill Hammond at FVACFSS before **3:30pm** October 10, 2018, at #1-7201 Vedder Road, Chilliwack, BC V2R 4G5, tel: 778-246-3293, fax: 604-824-5326. e-mail: [Jill.Hammond@xyolhemeylh.bc.ca](mailto:Jill.Hammond@xyolhemeylh.bc.ca) or 2) submitted in person at the FVACFSS Nominations Meeting on October 11, 2018 from **3:00pm to 5:00pm** at the Coast Hotel – Fraser Room, 45920, 1<sup>st</sup> Avenue Chilliwack, B.C.

**All nominees considered for election must be a current member of FVACFSS and be present at the AGM.**

**PLEASE FILL IN ALL OF THE FOLLOWING INFORMATION AND SUBMIT THE COMPLETED FORM TO FVACFSS .**

**NOMINEE – For Consideration for the FVACFSS Board of Directors (must be a member of FVACFSS)**

**Name of Nominee:** \_\_\_\_\_

**Full Home Address with City or Town:** \_\_\_\_\_

**Phone Numbers:** \_\_\_\_\_

**Affiliation (First Nation, Métis, or Urban)** \_\_\_\_\_

**If Living On Reserve Please Provide the Name:** \_\_\_\_\_

**Current Membership Card Number:** \_\_\_\_\_

**Signature of Nominee** \_\_\_\_\_

**NOMINATORS – Each Nomination requires two Nominators who are current members of FVACFSS.**

**1<sup>st</sup> NOMINATOR**

**2<sup>nd</sup> NOMINATOR**

**Name of Nominator:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_

**Affiliation:** \_\_\_\_\_

**Current Membership Card Number:** \_\_\_\_\_

**Nominator Signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

Print Witness Name

\_\_\_\_\_

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Witness Signature

## NOMINEE QUALIFICATIONS

In order for the FVACFSS Board to effectively carry out its governance mandate we are seeking Board members that meet certain qualifications. Specifically, successful Board candidates may have some or all of the following qualifications. Please fill in your qualifications for each of the criteria listed below that are applicable to you and include this with page one of this nominations form. The information included in this form will be used by the Nominations Committee to confirm candidates to be included on the ballot for elections at the October 24, 2018 AGM.

**PLEASE FILL IN ALL OF THE CANDIDATE QUALIFICATIONS AND SEND TO FVACFSS PRIOR TO THE AGM**

	Criteria	Nominee's Related Qualifications	Review
1	A member of FVACFSS with a validated membership card and resides within geographic service area.		
2	Describe any prior experience you have as a director for a non-profit society.		
3	Describe your knowledge of Stó:lô, Métis, Inuit, or Aboriginal language, culture, and history.		
4	Describe your knowledge of Aboriginal Peoples child welfare history.		
5	Describe any post secondary education you have that is relevant to the purposes of the society.		
6	Describe any demonstrated life and work experience you have that is relevant to the purposes of the society.		
7	Do you have a clean criminal record, upon performing a criminal records check?		
8	Will you commit to attaining the purposes of the society?		
9	I do not hold a political position with a First Nation or Urban Aboriginal Organization.		

Any other skills or qualifications that are not already listed that are relevant to the FVACFSS Board can be listed on the back of this page.

### NOMINEE DECLARATION:

By signing and dating the space below, I (Print Name: \_\_\_\_\_) hereby accept to be a nominee to be considered by the FVACFSS Nominations Committee for the ballot of prospective Board members at the FVACFSS AGM to be held on October 24, 2018. In accordance with the FVACFSS Constitution and By-laws I accept to have a criminal records check done if elected at the AGM. I also hereby declare that I do not currently hold a political position within a First Nation or Urban Aboriginal group, and that all of the information provided above is accurate and subject to verification at any time by representatives of FVACFSS.

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date