



MISIWAY MILOPEMAHTESEWIN BOARD OF DIRECTORS
APPLICATION FORM

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.

1. Nominee

Name: _____

Res. Address: _____

Work Address: _____

Res. Tel. _____ Bus. Tel. _____

Cell #: _____ Email: _____

2. Have you ever served on the Misiway Board?

YES NO

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

1. Requirements:

I am a minimum of 18 years of age YES NO

I am not a staff member YES NO

2. Current membership:

I am a member of Misiway YES NO

I am willing to become a member of Misiway YES NO

3. Indigenous:

First Nations: Specify: _____ YES NO

Inuit YES NO

Métis YES NO

4. Age:

18-30 YES NO

30-65 YES NO

Over 65 YES NO

5. Catchment area: I have a connection to Misiway community because I live, work or volunteer in the City of Timmins, or a community served by Misiway. Check all that apply.

- 5.1. I live in the City of Timmins YES NO
- 5.2. I work in the City of Timmins YES NO
- 5.3. I volunteer in the City of Timmins YES NO
- 5.4. I live, work or volunteer in a community served by Misiway YES NO

Explain: _____

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

- Policy Governance YES NO
- Strategic Planning YES NO
- Financial Literacy YES NO

7. Given the background provided re Misiway Milopemahtesewin's vision, mission, values and strategic directions, and attributes for a Director, how do you see yourself contributing to Misiway as a director of the Board? **MAXIMUM 100 words**

Signature: _____

Name: _____

8. Enclosed:

- Completed Application Form*
- Declaration of Commitment signed by Candidate*

**Misiway Milopemahtesewin Board of Directors
Declaration of Commitment**

As a Nominee for the Misiway Milopemahtesewin Board of Directors I commit to the following:

- I agree with the Vision, Mission, and Values of Misiway.
- I support the Misiway’s commitment to Indigenous Health in Indigenous Hands and the Model of Wholistic Health and Wellbeing with the integration of traditional healing and the social determinants of health.
- I understand that the Misiway 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 there are monthly Board meetings and special meetings as required. I am committed to attending in person within reason and to be prepared for these meetings by reading the materials in advance.
- I am prepared to participate in Committees as required.
- I am aware that there is about 3 hours of preparation for each board meeting plus pre-reading for committee meetings. On occasion, depending on the work of the Board, there may be more. 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, but not limited to, Indigenous cultural safety. I am committed to participate and complete any required certifications.
- I understand, as per the Ontario Not for Profit Corporation’s Act (ONCA), that if I miss a meeting, I will have deemed to have approved the minutes unless I declare a concern within seven days of receipt of the minutes.
- I will agree to an Oath of Confidentiality and declare any Conflict of Interest on an annual basis or as circumstances require.

Signature

Name

Date