



Nominations Form for OSAC Board of Directors

Nominee:

Address:

Home Phone: Business Phone
Fax: Mobile Phone:

E-mail:

Birth date – Required, if elected, of all Directors, by the Provincial government: D/M/Year \_\_\_\_\_

Position: [ ] Chair (two year term) [ ] Director (two year term)

NOMINATED BY: (Individuals must be affiliated with an organization that is an OSAC member)

Name (Print) & Name (Print)

Signature Signature

TO: All Nominees for the OSAC Board of Directors

As a potential Director of OSAC, you are committing yourself to many responsibilities and you should be prepared for the following:

- 1. Be free of heavy commitment in other organizations, which could involve difficulties and conflicts with time demands.
2. Be self-motivated and have the ability to lead other people in challenging work projects.
Please refer to the Information for those interested in Nomination, which highlights time commitments, roles and responsibilities.

I, \_\_\_\_\_, have read and am willing to work towards OSAC's Ends Policies. I have read and am willing to abide by OSAC's Governance Policies and OSAC's Constitution & Bylaws that are available on the OSAC's website. I have the ability and am willing to deal with vision and the long term, rather than day-to-day details. I am willing to learn and participate in governing, not managing the organization, through the Policy Governance TM model. I am prepared to participate fully as a member of the board, and in the work of the board which includes: attending board meetings, orientation sessions, annual general and other membership meetings, participating in the liaison program with the ownership, and committee work. I have been or am currently involved in community activities/organizations in a leadership capacity. As part of my biography attached to this nomination form and if elected to the Board, I have outlined what I hope will be my

contribution to the OSAC Board. I have read the terms and conditions as laid out and agree to perform such duties as required as a Director with the OSAC Board.

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

\_\_\_\_\_  
Date

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

***In a separate page***, please provide a Biography with your Nomination Form. The Biography should include the following information and not be more than **one** typewritten page:

- \* Name of Nominee
- \* Community
- \* Position Nominated For
- \* Involvement in performing/visual arts
- \* Involvement in other organizations, boards, etc.
- \* Other community or provincial involvement
- \* Other appropriate information

**PLEASE RETURN THIS COMPLETED NOMINATION FORM AND BIOGRAPHY TO THE OSAC OFFICE by September 10, 2018 to:**

Kevin Korchinski, Executive Director  
OSAC  
1102 – 8<sup>th</sup> Avenue  
Regina, SK S4R 1C9  
[kevin@osac.ca](mailto:kevin@osac.ca)  
Tel: 306 586.1220 Fax: 306 586.1550

**PLEASE KEEP A COPY OF THIS DOCUMENTS FOR YOUR OWN RECORDS**