



**Nomination to the Board of  
Community Health Services Association (Regina) Limited  
Candidate Information Sheet**

The following questionnaire is intended to provide the Governance and Human Resources Committee of the Community Health Services Association (Regina) Limited (Regina Community Clinic) with background information on your skills and experience to assist in confirming candidate qualification. The information you provide will be treated confidentially and will be used solely to assist in the nominee selection process. This information is an expression of your interest to be considered for nomination to the Board of the Community Health Services Association (Regina) Limited (Regina Community Clinic).

**Name:** \_\_\_\_\_  
*First Middle Initial Last*

**Address:** \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City Province Postal Code*

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (day/month/year): \_\_\_\_\_

**Membership verification.** Please contact the Registrar at  
rccmember@reginacommunityclinic.ca

Date of Verification: \_\_\_\_\_

**Background, Skills, Knowledge, and Experience**

**Membership in Co-operative Organizations:**

Regina Community Clinic: \_\_\_\_\_years

**Other Co-operatives (Not for profit/Retail /Credit Union):** *(Please list)*

\_\_\_\_\_ years

\_\_\_\_\_ years

\_\_\_\_\_ years

**Present Occupation** *(Position / Organization):* \_\_\_\_\_

**Previous Occupations** *(Position / Organization):* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Board Service:**

**Community Related Service:**

Conflicts of interest relative to the Regina Community Clinic:

Describe your abilities and attributes you feel would be an asset to the Clinic's Board of Directors:

Describe your reasons for your interest in becoming a Director of the Clinic:

Please include a 200 word biography and digital photo that can be shared with members at the AGM.

**Candidate Signature:** \_\_\_\_\_

*An emailed form constitutes a signature*

**Date:** \_\_\_\_\_

Return completed questionnaire prior to **May 22, 2026 at 4:30pm** to:

**Regina Community Clinic  
1106 Winnipeg Street  
Regina, Saskatchewan  
S4R 1J6**

**Att: Governance and Human Resources Committee  
or by email to [boardofdirector@reginacommunityclinic.ca](mailto:boardofdirector@reginacommunityclinic.ca)**

*Updated: January 2026*