

Nomination to the Board of

Community Health Services Association (Regina) Limited

Candidate Information Sheet

The following questionnaire is intended to provide the Governance Committee of the Community Health Services Association (Regina) Limited 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.

Name:		
First	Middle Initial	Last
Address:		
	Street	
City	Province	Postal Code
Telephone: Day	Evening	
•	. Please contact the Registrar at	
rccmember@reginacomm Date of Verification:		
Optional Information:		
Cell phone Number:	Email:	
Date of Birth (day/month,	/year):	

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 photo that can be shared with members at the AGM.

Candidate Signature:_____

An emailed form constitutes a signature

Date:_____

Return completed questionnaire and confirmation May 22, 2024 at 4:30pm to:

Regina Community Clinic 1106 Winnipeg Street Regina, Saskatchewan S4R 1J6 Att: Governance Committee or by email to boardofdirector@reginacommunityclinic.ca

Updated: February 2024