

GAIDP BOARD NOMINATION FORM

Name of Nominee: _____

Position: _____

Address: _____

Tel No: _____

Email: _____

NOTE TO ALL NOMINEES: You are required to attend the Annual GAIDP Officer Training and be able to dedicate a *minimum* of 8 hours per month to be successful at your position.

Skills & Experience *(see Bylaws and Role Description)*

Please give details below of your skills & experience and indicate why you wish to Volunteer Now. (No more than 200 words.) (Use a separate page, if necessary.)

Nominated by: _____

(Self or Other)

Position: _____

Tel No: _____

Email: _____

I confirm I have gained the nominee's consent for their name and details to go forward.

Signed: _____

Date: _____

Please return to: Nominating Committee Chair no later than
June 30, 2016 via email at president@gaidp.org

Please note that this nomination will be invalid unless this form has been fully completed.