

United Ostomy Associations of America, Inc.
BOARD OF DIRECTOR CANDIDATE NOMINATION FORM

DUE AUGUST 17, 2020

Personal Information

Name: _____

Address: _____

E-mail Address: _____

Phone: *Home:* _____ *Work:* _____ *Cell:* _____

Occupation: _____

Full Time Part Time Retired

Type of Diversionary Bowel or Urinary Surgery (if applicable): _____ Year: _____

Skills. Rate your top three skills. 1=highest, 2=second best, 3=third best.

- | | |
|----------------------------|-------------------------------------------------|
| ____ Personal Presentation | (making presentations and facilitating groups) |
| ____ Meeting Management | (planning and conducting meetings) |
| ____ Communication | (creative writing and computer skills) |
| ____ Organizational | (committee involvement, leadership, planning) |
| ____ Financial | (budget, fund raising, reports, etc.) |
| ____ Marketing | (public relations, advertising, press releases) |

Current UOAA Affiliated Support Group Experience (if applicable)

Name of ASG to which you belong: _____

Leadership Positions Held:

Length of Term:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Other Organizational Experience (volunteer, community service groups, professional, etc.)

Member: _____

Officer: _____

Board Member: _____

Task Force/Work Group: _____

Experience/Background

Please list any information about your educational background, employment or any specialized training that you believe would benefit UOAA.

Please check the Volunteer Position within UOAA that you are applying for:

- President President Elect
 Director at Large (3 Directors at Large will be elected) Director of Affiliated Support Group Affairs

Contact information for person making the nomination

Name: _____ Title: _____

Electronic Signature: _____ Date: _____

Email Address

Telephone Number

Both the person making a nomination and the person nominated will be contacted by a member of UOAA's Nominations and Election Committee to verify the nomination.

Write a short paragraph about what you hope to accomplish if elected to your position.

Each nominated candidate must sign the following statement:

"I will support the mission of United Ostomy Associations of America. I will not say or write anything negative regarding other candidates for the position of my candidacy. I recognize my candidacy may be declared invalid by the Nominations and Elections Chair if I am found in violation of this agreement."

Electronic Signature: _____ Date: _____

Each nominated candidate must sign the following statement:

AGREEMENT TO SERVE

I, (name) _____ understand the duties and responsibilities of the volunteer position of _____. I agree to carry out these duties and responsibilities of this position to the best of my ability during my term, and to support and abide by UOAA's Constitution and the organization's Standing Policies and Procedures.

Electronic Signature: _____ Date: _____

Along with this nomination form, each candidate is asked to **submit a high-quality "head shot" photo** of themselves that will be used in the election process and on UOAA's website.

**Submit by e-mail or postal service no later than AUGUST 17, 2020 to:
oa@ostomy.org or UOAA, P.O. Box 525, Kennebunk, ME 04043**