

**United Ostomy Associations of America, Inc.**  
**BOARD OF DIRECTORS**  
**PRESIDENT-ELECT &**  
**DIRECTOR AT LARGE**  
**CANDIDATE NOMINATION FORM**

**DUE SEPT. 2. 2024**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List of 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.

\_\_\_\_\_  
\_\_\_\_\_

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

President-Elect (2-Year Term)                       Director at Large (3-Year Term)

**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 two members 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. I understand that I am also obliged to raise or contribute a minimum of \$200.00 each fiscal year as part of the "Give and Get" fundraising incentive.

Electronic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Submit by e-mail or postal service to arrive no later than SEPTEMBER 2, 2024 to:  
[oa@ostomy.org](mailto:oa@ostomy.org) or UOAA, P.O. Box 2293, Biddeford, ME 04005**