



**BOARD DIRECTOR  
CANDIDATE PROFILE FORM**

Part of the election process is the development of a candidate profile to be included in the election package which is sent to the membership. Your assistance is required in completing the section below with the necessary information. It will be subject to editing.

**Please complete BY TYPING CLEARLY BELOW or COMPLETE QUESTIONS ON A SEPARATE SHEET, and return to the Lower Mainland Down Syndrome Society office**

**ATTENTION:** \_\_\_\_\_, **Nominating Committee Chair**  
by \_\_\_\_\_ at 5:00 PM at [info@lmdss.com](mailto:info@lmdss.com)

**Absolutely no nominations will be accepted after this date and time.  
Please attach your photo preferably in black and white format, electronically or hard copy.**

Name: \_\_\_\_\_  
Company \_\_\_\_\_  
Position: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

List similar or associated Involvement: Do you sit on another board or committee? What other community or business initiatives have you worked on?  
How long have you lived in Surrey?

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

What do you think you can contribute as a Board Director?  
\_\_\_\_\_  
\_\_\_\_\_

Why do you wish to serve on the Board of Directors?  
\_\_\_\_\_  
\_\_\_\_\_

What would you like to see accomplished during your term in office?  
\_\_\_\_\_  
\_\_\_\_\_



**BOARD DIRECTOR  
NOMINATION FORM**

**NOMINEE**

I have read and fully understand the preceding pages outlining my responsibilities and obligations as a Director of the Lower Mainland Down Syndrome Society and I am a member in good standing of the Lower Mainland Down Syndrome Society.

I, \_\_\_\_\_ am prepared to let my name be considered by the Board Nomination Team for the 201\_ Lower Mainland Down Syndrome Society Director Election, for a term of 2 years, and will commit to carry out my responsibilities should I be nominated and elected.

**ACTION:**

I have attached a one-page summary of my background and my community involvement (candidate profile sheet-see next page).

**ACTION:**

**Two nominators**, both of whom must be members in good standing of the Lower Mainland Down Syndrome Society, have signed below in support of my nomination.

1. \_\_\_\_\_ X \_\_\_\_\_

*Please print nominator's name*                      *Nominator's signature*

\_\_\_\_\_  
*Please print nominator's Company Name*

Reason for your nomination:  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_ X \_\_\_\_\_

*Please print nominator's name*                      *Nominator's signature*

\_\_\_\_\_  
*Please print nominator's Company Name*

Reason for your nomination:  
\_\_\_\_\_  
\_\_\_\_\_