



BOARD OF DIRECTORS 2024-2026 NOMINATIONS FORM

This form is to be completed by all individuals who are interested in being nominated for election to CurlON's Board of Directors.

The nominee accepts to undertake the organization's approved background check and submit the report to CurlON should they be elected to the Board.

General Information

Name:

Address:

Email:

Telephone:

Home Curling Club:

Inclusion and Diversity

CurlON is committed to diverse representation and to ensuring an equitable gender representation in order to include voices that are reflective of society and of our community. We encourage candidates to indicate (voluntarily) on their application if they associate with a representative group. Consideration will also be made with respect to geographical location.

You are:

Francophone Anglophone Bilingual (English/French)

Please identify if you speak additional languages:

Yes No Please specify (optional): _____

You self-identify as an Indigenous person:

Yes No

Your gender identity is:

Male Female Transgender Non-Binary

Other _____ Prefer not to answer

You identify as a visible minority:

Yes No Please specify (optional): _____

You identify as a non-visible minority:

Yes No Please specify (optional): _____

Eligibility Questions

I hereby confirm that:

I AM a person who is an individual:

Yes No

I am an individual who IS at least eighteen (18) years of age:

Yes No

I am a person who has NOT been found under the Substitute Decisions Act, 1992 or under the Mental Health Act to be incapable of managing property:

Yes No

I am a person who has NOT been declared incapable by a court in Canada or elsewhere:

Yes No

I DON'T have the status of bankrupt:

Yes No

I WILL complete a police and background check if successful in the electoral vote and accept that my position is contingent on a cleared report:

Yes No

Supporting Documents to include with this Nominations Form

In addition to the previous sections, please provide (see Attachment, Parts 1-4):

- Your Resumé (or equivalent, including a summary of key accomplishments, local/provincial and/or national experiences, involvement with safe sport)
- Two nominators
- Answer the two questions about your interest in becoming a director at CurlON and the challenges facing curling in Ontario and how your experience will contribute to addressing those matters.

All profiles will be posted on the CurlON website and shared by email with all CurlON member clubs.

Experience, Skills, Competencies

In this section, we would like to know a little bit more about the skills/experience you would bring to the board.

Please indicate, when applicable, whether you have **no knowledge, developing knowledge, or advanced knowledge** in the following areas, and explain/include **relevant experience** where you identify that you are developing or have advanced knowledge. You don't need to be qualified or experienced in all of these areas to be nominated.

	Level of Strength		
	No Knowledge	Developing Knowledge	Advanced Knowledge
Corporate Governance (bylaws, policy development, good governance, structure, ethics, board and committees, etc.)		<input type="checkbox"/>	
Leadership position or Executive management for not for profit or sport organizations		<input type="checkbox"/>	
Risk enterprise management		<input type="checkbox"/>	
Accounting, Financial planning and management		<input type="checkbox"/>	
Revenue generation, sponsorships (public and private sources)		<input type="checkbox"/>	
Negotiation, commercial, legal, and regulatory affairs			
Government relations and affairs			

No
Knowledge

Developing
Knowledge

Advanced
Knowledge

**Strategic planning and organizational
development**

People in the organization management (HR)

Inclusion, diversity, equity, and accessibility

Communication, marketing and public relations

Sustainability (environmental)

Facilities and event management

Provincial Curling Competitions
(as an athlete, official, event management)

Education and training in general and in sport

**Are there any other experiences and qualifications
that you believe can add value to CurlION?**

Yes

No

Please specify below

Declaration

I consent to let my name stand for election to CurlION's Board of Directors and should I be elected; I will abide by CurlION's By-laws, policies, procedures, and the Law.

Yes No

I do hereby declare to the best of my knowledge and belief that the information I have provided on this Nomination Form, including all Schedules thereto, is true.

Yes No

SIGNATURE

DATE

ATTACHMENTS - ALL PARTS MUST BE COMPLETED

Part 1: Resume

Attach an updated version of your resume or equivalent.

Part 2: Nominator's Information

	Nominator (Please type in box)	Secunder (Please type in box)
Name		
Adress		
Member Organization (Centre/Club)		
Phone		
Email		
Date		

Part 3: Statement of interest and supporting rationale for Board Candidacy

Please provide a brief summary of the reasons you would like to be elected to the Board of Directors of CurlON. (Please type in box)

Part 4: Main Challenges Facing Curling in Ontario

Please provide a brief summary of the main challenges you believe are facing Curling in Ontario and how your experience will contribute to addressing those challenges. (Please type in box)