



CANADIAN CENTRE FOR
AGRICULTURAL WELLBEING

CCAW Nomination Form 2024

We are pleased to invite nominations for individuals interested in serving on the Board of Directors of CCAW. Your participation in this process is crucial, as we seek dedicated individuals who can contribute their skills and leadership to guide our organization towards continued success.

Nominee Information

1. **Full Name of Nominee:**
2. **Contact Information:**
 - o Email:
 - o Phone:
3. **Current Affiliation with CCAW (if any):**
4. **Professional Background and Experience:**
5. **Reasons for Nomination:** Please provide a brief statement outlining why the nominee would be an excellent addition to the Board of Directors. Please highlight relevant skills, experiences, or contributions that make them a valuable candidate.

Nominator Information (if self-nominated, disregard)

1. **Full Name of Nominator:**
2. **Contact Information:**
 - o Email:
 - o Phone:
3. **Relationship to Nominee:**
4. **Statement of Support:** Please provide a brief statement explaining why you are nominating this individual and how you believe they will contribute to the success of CCAW.

Additional Information

1. **Nominee's Vision for CCAW:** Description of nominee's vision for the organization and how they plan to contribute to its growth and mission.
2. **Nominee's Agreement:** By submitting this nomination, the nominee acknowledges their willingness to serve on the Board of Directors and commit to the responsibilities associated with this role.

Submission Deadline: **[Insert Deadline]**

Late submissions may not be considered.

Thank you for your involvement in shaping the leadership of CCAW. We appreciate your dedication to our shared mission.