



**ONTARIO RINGETTE ASSOCIATION
PROVINCIAL VOLUNTEER
NOMINATION/APPOINTMENT
FORM**



Please check **U** one only

Nomination ”

Appointment ”

NAME: _____

ADDRESS: _____

TELEPHONE: Res: () _____ Bus: () _____

POSITION: (Check **U** one only) Director-at-Large ” Provincial Program Chair ”

Program: _____

In order to accept this nomination or appointment, the Form must be accompanied by a short resume outlining background and experience related to the position nominated or appointed for.

Nominated By:

a) Nominating Committee:

Signature of Chair

b) Charter Members:

1) _____
Region

Signature of Chair

2) _____
Region

Signature of Chair

c) Registered
Members:

1) _____
Association

Signature of President

2) _____
Association

Signature of President

3) _____
Association

Signature of President

Appointed By:

a) Regional Director:

Region

Signature

b) Association
President:

Association

Signature

c) Previous Standing
Committee Chair:

Program

Signature

Nominee/Appointee acceptance:

Signature