

## INDIGENOUS DIABETES HEALTH CIRCLE BOARD OF DIRECTORS APPLICATION FORM

## **DEADLINE FOR NOMINATIONS IS September 12<sup>th</sup>, 2025**

Information on this form will be used solely to inform the nomination process. Information on this form will not be released publicly without candidate's approval.

1.	Candidate						
	Name:					<del></del>	_
	Res. Address:						
	Work Address:						
	Res. Tel.	Bus. Tel					
	Cell #:	_ Email:					
2.	Have you ever served on the IDHC Board	?		☐ YES		□ NO	
	If yes, please give dates of your last term	on the Board	l:		to _		
1.	Requirements: I am a minimum of 18 years of age I am not a staff member			☐ YES		□ NO	
2.	Indigenous: First Nations: Specify: Inuit Métis Non-Indigenous		☐ YES	5 □ NO 5 □ NO 5 □ NO			



## 3250 Schmon Parkway, Unit 1B Thorold, Ontario L2V 4Y6 1 (888) 514-1370

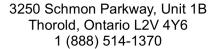
3.	Gender:	Female $\square$	Male □	Other $\square$	
4.	Age: 18-25 25-65 Over 65			☐ YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO	
5.	Geography: 5.1. I live or work in t			☐ YES	□ NO
	If yes, specify where:				
6.	Do you have knowled areas? Policy Governanc Strategic Planning Financial Literacy Previous Board e	e	or lived exper	rience related to any  YES YES YES YES YES	of the following  NO NO NO NO NO
7.	What would you like	us to know about	yourself and y	our interest in Diabe	tes?
Sig	gnature:				
Na	me:				
8.	Enclosed:  ☐ Completed Applica ☐ Declaration of Con		by Candidate		



## **Declaration of Commitment**

As a Director of the Board for the Indigenous Diabetes Health Circle (IDHC), I commit to the following:

- 1. I agree with the Vision, Mission, and Values of the Indigenous Diabetes Health Circle.
- 2. I support IDHC's commitment to the Seven Grandfathers Teachings and other endorsed sacred teachings. I will participate in ceremonies and other Indigenous practices as part of the Board meetings.
- 3. I understand that the IDHC Board operates as a policy governance Board, and I am willing to work within this framework. If I have not already been trained in policy governance, I am willing to be trained.
- 4. I have read the Governance Process policies, and I will abide by them.
- 5. I am aware that there are monthly Board meetings and special meetings as required and I am committed to attending.
- 6. I am prepared to participate in Committees as required.
- 7. I am aware that there is between 2-3 hours of preparation for each board meeting plus prereading for committee meetings. I am committed to coming to the meetings prepared to participate.
- 8. I am aware that there are additional time commitments for orientation and training. I am committed to participate.
- 9. I understand, as per the Ontario Not for Profit Corporation's Act (ONCA), that if I miss a meeting, I will have deemed to have approved the minutes unless I declare a concern within seven days of receipt of the minutes.
- 10. I will agree to an Oath of Confidentiality and declare any Conflict of Interest on an annual basis or as circumstances require. I will sign an annual Conflict of Interest and Oath of Confidentiality Attestation.





- 11. I am committed to adhering to the policy & By-laws re-attendance:
  - 11.1. For face-to-face meetings, active participation refers to a Director being present for 80% of the meeting time as verified by the minutes of the meeting.
  - 11.2. Directors must provide a minimum of 48 hours' notice of any cancellation to avoid being charged for the Director's hotel and meals.

Signature	Name		
	Date		
Signature	Name		
Date			