



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

**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: \_\_\_\_\_

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: \_\_\_\_\_ to \_\_\_\_\_

**1. Requirements:**

I am a minimum of 18 years of age ☐ YES ☐ NO

I am not a staff member ☐ YES ☐ NO

**2. Indigenous:**

First Nations: Specify: \_\_\_\_\_ ☐ YES ☐ NO

Inuit ☐ YES ☐ NO

Métis ☐ YES ☐ NO

Non-Indigenous ☐ YES ☐ NO



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

3. Gender: Female ☐ Male ☐ Other ☐

4. Age:

18-25

☐ YES ☐ NO

25-65

☐ YES ☐ NO

Over 65

☐ YES ☐ NO

5. Geography:

5.1. I live or work in the North

☐ YES

☐ NO

If yes, specify where: \_\_\_\_\_

6. Do you have knowledge, expertise and/or lived experience related to any of the following areas?

Policy Governance

☐ YES

☐ NO

Strategic Planning

☐ YES

☐ NO

Financial Literacy

☐ YES

☐ NO

Previous Board experience

☐ YES

☐ NO

7. What would you like us to know about yourself and your interest in Diabetes?

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

8. **Enclosed:**

☐ *Completed Application Form*

☐ *Declaration of Commitment signed by Candidate*



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

### ***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 pre-reading 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.



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

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\_\_\_\_\_