

## Nomination Process for OAN Board Directors

The Ontario AIDS Network (OAN) is a coalition AIDS Service Organizations and AIDS Service Programs who work collectively to provide a just, effective response to HIV and AIDS, improve life for people infected with and affected by HIV and AIDS, and prevent the spread of the virus. We are seeking committed Board members to strategically lead the organization and help us meet this mandate. Serving on the Board is an extraordinary opportunity for someone who is passionate about Ontario's HIV sector. The OAN is committed to ensuring that people with HIV/AIDS have a leading voice in governing the organization. In accordance with the provisions of OAN By-Laws, a majority of the Board of Directors must be people who are living with HIV (PLWHIV). Candidates seeking to fill a PLWHIV designated position must be willing to disclose their status in this application.

In addition to promoting PLWHIV leadership the OAN is also committed to ensuring the diversity of the Board reflects the community of people living with HIV/AIDS in Ontario to the greatest extent possible and supports regional representation and accountability. We are also seeking graduates of PLWHIV capacity building programs such as PLDI, ETSN, etc.

The Board of Directors meets monthly for a 2-hour meeting, using Zoom. There are also several committees that meet regularly during the year. Board members are expected to attend meetings and participate by serving on committees.

### **To run for this position, you must:**

- Be willing to serve for a 3-year Board term
- Agree to comply with the Standard of Care that is required of you as a director.

### **Every Director and Officer of the OAN, in exercising their powers and discharging their duties, shall:**

- Act honestly and in good faith with a view to the best interests of the corporation.
- Exercise the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.
- Comply with all relevant legislation, the letters patent, by-laws and OAN policies including anti-bullying and anti-harassment and confidentiality agreements.
- Complete an OAN nomination form. A nomination form and list of the membership can be found on the OAN website [www.ontarioaidsnetwork.ca](http://www.ontarioaidsnetwork.ca).
- Be endorsed by any two (2) Regular Members in good standing of the OAN. Signatures must be from an authorized signing authority of the agency such as the Board Chair or the Executive Director.

- Nominations will be reviewed by the membership of the OAN Board Development Committee. Candidates of interest will be interviewed by the Board Development Committee and brought forward for election at the Annual General Meeting of the OAN in September 2023.

**Attention:** Chair, Board Development Committee

[boardofdirectors@ontarioaidsnetwork.ca](mailto:boardofdirectors@ontarioaidsnetwork.ca)

**Thank you for considering this commitment to our governance and leadership.**

## OAN BOARD OF DIRECTORS NOMINATION FORM

**The term of office for this position is from September 2023, until the 2026 AGM.**

### Contact Information of Nominee

Name*	
Street Address*	
City, Province, Postal Code*	
Phone*	
Other Phone	
E-Mail Address*	

\*Required information

**1. Why do you want to contribute to the Ontario AIDS Network by serving on the Board?**

**2. What do you hope to gain from serving on the Board?**

**3. Are you a person who is living with HIV?**

- ☐ Yes  
☐ No

**4. What areas do you have skills in?**

- ☐ Not-for-profit governance  
☐ Financial management  
☐ Fund development/Fundraising

- ☐ Experience with government granting bodies
- ☐ Experience with other granting bodies
- ☐ Legal expertise
- ☐ Human resource expertise
- ☐ Communications and media expertise
- ☐ Knowledge/experience in working/volunteering at an AIDS Service organization
- ☐ Knowledge/connection to communities most at risk for HIV
- ☐ Connection with business/corporate sector
- ☐ Advocacy
- ☐ Research
- ☐ Other (please specify):

**5. What special skills or qualifications have you gained from employment, previous volunteer work, hobbies or other activities?**

**6. Please list any positions that you have held on any other Boards of Directors**

**7. Are there currently or have there ever been any sanctions or complaints brought against you to a member agency or affiliate of the Ontario AIDS Network? If so, how have these complaints been resolved?**

## Endorsements

Nominations for this position must be endorsed by **two (2) regular members in good standing** from the Ontario AIDS Network. Signatures must be from an authorized signing authority of the agency such as the Board Chair or the Executive Director. Please include the endorsements with this nomination form. The list of OAN Members can be found on the website at [www.ontarioaidsnetwork.ca](http://www.ontarioaidsnetwork.ca)

**Endorsement from authorized signing authorities (such as Board Chairs or Executive Directors) of 2 regular member agencies of the Ontario AIDS Network.**

### First Endorsement

The [name of OAN Member organisation] endorses the nomination of [name of candidate] for the position of (please check one):

- ☐ Central region representative (PHA)
- ☐ Central region representative (non-PHA)
- ☐ Eastern region representative (PHA)

- ☐ Eastern region representative (non-PHA)
- ☐ Northern region representative (PHA)
- ☐ Northern region representative (non-PHA)
- ☐ Western region representative (PHA)
- ☐ Western region representative (non-PHA)
- ☐ Eastern region representative (non-PHA)

**Name and position:** \_\_\_\_\_

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

## Second Endorsement

The [name of OAN Member] endorses the nomination of [name of candidate] for the position of (please check one):

- ☐ Central region representative (PHA)
- ☐ Central region representative (non-PHA)
- ☐ Eastern region representative (PHA)
- ☐ Eastern region representative (non-PHA)
- ☐ Northern region representative (PHA)
- ☐ Northern region representative (non-PHA)
- ☐ Western region representative (PHA)
- ☐ Western region representative (non-PHA)

**Name and position:** \_\_\_\_\_

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

Please endorse your nomination form as follows:

I \_\_\_\_\_ (legal name) declare that I meet the criteria to be a Director of the Ontario AIDS Network. I agree to serve as a Director of the Ontario AIDS Network in accordance with its by-law if elected.

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

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