

Nomination Form Administrator position on the Board of Directors

Last name :	First name :
Address :	City :
Postal code:	Email :
Home phone:	Mobile phone :
Work phone:	

1. Are you a family member or close relative of a person living with an intellectual disability and/or an autism spectrum disorder?

Yes No

If not, do you have any knowledge of intellectual disabilities and/or ASD, if so, how?

2. Do you have knowledge and/or experience in the community?

3. Give us a brief description of your career path, if applicable.

4. What are your motivations for becoming an administrator on the ALEDIA Board?

5. What do you plan to contribute as an administrator on our Board of Directors?

6. Do you have e-mail access (a computer)? Yes No

7. The Board of Directors meets once a month. Do you believe you have the availability to attend meetings?

Yes No

8. What hours are you able to devote?

3 hours, once a month Day
 3 hours or more Evening

Please return this form to ALEDIA, to the attention of Mrs Touimi, ED