



A Blue Horse Initiative

BOARD OF DIRECTORS NOMINATION FORM

The Healthy Minds Cooperative is an innovative health care cooperative that provides a variety of peer-based services to end-users of mental health services and their families. It also provides significant and meaningful input into the design, development, delivery, and evaluation of mental health services in Nova Scotia.

The Healthy Minds Cooperative is a member owned and democratically controlled not-for-profit enterprise. Its shareholders are people who possess lived experience with mental illness, and/or an interest in the topic of mental health. The Healthy Minds Cooperative is an independent, not-for-profit group that provides support to people who are living with mental illness or mental health issues, and their families by:

- Improving access to mental health services and support via consumer navigators and peer support
- Providing education to support early intervention and to address stigma
- Encouraging participation in the design, development, delivery and evaluation of mental health services in Nova Scotia
- Advocating on behalf of mental health consumers
- Facilitating connections to community services

THE CO-OP HAS IDENTIFIED FIVE AREAS OF PRIORITIES:

1. Better access to mental health services.
2. Public education regarding mental illness.
3. More participation of those with lived experience in the design, development, delivery and evaluation of mental health services.
4. Providing peer-support and advocacy for consumers and their families.
5. Developing better connections to existing community services.

“Thank you for your interest in applying to join our Board. By doing so, you are making a commitment to community service. As a Board member, you will be asked to attend monthly board meetings and serve on other Board committee(s) such as personnel, fundraising, risk management, finance, planning or governance. Candidates must demonstrate community leadership, and possess an interest in mental health with the ability to think strategically.”

NOMINEE CONTACT INFORMATION

Name:	
Street:	
City:	Postal Code:
Home Phone Number:	Cellular Number:
Fax Number:	
Email Address:	
Profession:	
Were you previously a member of the Healthy Minds Cooperative Board? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, when and what was the term / length?	
Are you currently a member of the Healthy Minds Cooperative Yes <input type="checkbox"/> No <input type="checkbox"/>	
In order to be a Board member, you must be a member in good standing. If you are not currently a member, becoming a member is required to join the board.	

EXPERIENCE: PLEASE CHECK ALL THAT APPLY

- | | | |
|--|--|--|
| <input type="checkbox"/> Board member experience | <input type="checkbox"/> Legal | <input type="checkbox"/> Human resource management |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Business planning | <input type="checkbox"/> Challenges facing mental health |
| <input type="checkbox"/> Marketing and promotion | <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Community awareness |
| <input type="checkbox"/> Leadership | <input type="checkbox"/> Networking | <input type="checkbox"/> Public speaking |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Technology | <input type="checkbox"/> Public relations |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Risk management and audit | |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Stakeholder management | |

ADDITIONAL EXPERIENCE:

Please describe other leadership roles you have played, including previous and current board experience:

Please outline the skills and experiences that you feel prepare you for this position:

Briefly explain your knowledge of mental health challenges. If applicable, please also include any knowledge of mental health challenges in Nova Scotia.

Why do you want to be a Board member?

ADDITIONAL COMMENTS

NOMINEES AGREEMENT

The Board members are made of a diverse group who are connected to providing support to people who are living with mental illness or mental health issues, and their families. As approved by the Healthy Minds Cooperative membership, the Board requires members from various audiences. Please indicate the audience(s) which may apply to you.

A person with a lived experience

A Medical / Clinician working in the field of mental health

A family member of a person with a lived experience

A person with an interest in mental health

A person with community involvement in the area of mental health

I agree to let my name stand as a nominee for the position of a Representative on the Board of Directors of the Healthy Minds Cooperative. Yes No

Signature: _____ Date: _____

Please attach any additional documentation you feel may be appropriate. Examples can include resumes or reference letters

Please submit application either directly to a Healthy Minds Cooperative Board Member or the Executive Director. You can also email the completed application to Lynn Yetman, Executive Director: hmc.ed@eastlink.ca or Joel Maxwell, Board Secretary: j.maxuel@gmail.com.

Thank you for your interest in becoming a Board Member of the Healthy Minds Cooperative. New Board members are elected at the Annual General Meeting held in June of each year; interim appointment may be made by the Board of Directors until the Annual General Meeting.

FOR OFFICE USE ONLY

I _____ nominate _____
(name of nominator) (name of the individual being nominated)

To the position of Director on the Healthy Minds Cooperative Board of Directors.

Date of nomination received: _____

Nomination approved by the Board: Yes No

Nomination approved at the AGM: Yes No