



# BOARD OF GOVERNORS EXTERNAL GOVERNOR APPLICATION

Confederation College protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Ontario Colleges of Applied Arts and Technology Act, 2002, S.O.2002, Chapter 8, Schedule F, Section 6, and in accordance with the Freedom of Information and Protection Privacy Act (FIPPA) for the administration of the College and its programs and services. Please feel free to direct any questions about this collection to our Board Secretary, Barbara Greer at 807-475-6351.

Confederation College is governed by a Board comprising of 17 individuals, which includes 12 external Governors who reflect the various sectors of the communities served by the College; four internal Governors representing Students, Faculty, Support Staff and Administrative Staff, plus the President. Board members bring unique and diverse perspectives given the various backgrounds and positions they hold in the community.

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**QUALIFICATIONS:**

I, the undersigned, hereby apply to be considered for nomination as a Governor of Confederation College, and in doing so, acknowledge and declare that:

I am not a student or an employee of a college of applied arts and technology, and am not a spouse/partner or employee of a college of applied arts and technology.

I meet the qualifications for a governor, in accordance with the *Ontario Non-For-Profit Corporations Act*. (Outlined on Page 3 of the Protocol for Board Nominations and Appointments for External Governors.)

**NAME AND RESIDENTIAL ADDRESS:** (Please Print Clearly)

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

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

\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **MOBILE:** \_\_\_\_\_

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

**WORK ADDRESS:** \_\_\_\_\_ **N/A**

**WORK PHONE:** \_\_\_\_\_ **N/A**

**WORK EMAIL:** \_\_\_\_\_ **N/A**

**PROFILE:**

I understand that Confederation wants to ensure that its Board of Governors has the necessary skills and experience to govern Confederation College and that the Board reflects the breadth, depth and diversity of the communities served by Confederation College, including, but not limited to, the demographic, economic, geographic, and social characteristics of these communities. To assist the College in establishing a Board that meets these objectives, I am providing the information requested below:

**A) I SPECIALIZE OR HAVE A DESIGNATION(S) IN THE FOLLOWING AREA(S):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**B) I HAVE ADDITIONAL SKILLS OR EXPERIENCE IN THE FOLLOWING AREAS:**

(Please check all that apply)

- |                                  |                 |       |
|----------------------------------|-----------------|-------|
| Community Leadership             | <b>Explain:</b> | _____ |
| Construction Design/Management   | <b>Explain:</b> | _____ |
| Education                        | <b>Explain:</b> | _____ |
| Finance and Accounting           | <b>Explain:</b> | _____ |
| Governance                       | <b>Explain:</b> | _____ |
| Government Relations             | <b>Explain:</b> | _____ |
| Human Resources Management       | <b>Explain:</b> | _____ |
| Healthcare                       | <b>Explain:</b> | _____ |
| Law                              | <b>Explain:</b> | _____ |
| Marketing and Communications     | <b>Explain:</b> | _____ |
| Public Sector Experience         | <b>Explain:</b> | _____ |
| Risk Management                  | <b>Explain:</b> | _____ |
| Senior Level Business Management | <b>Explain:</b> | _____ |
| Strategic Planning               | <b>Explain:</b> | _____ |
| Other: _____                     | <b>Explain:</b> | _____ |
| Other: _____                     | <b>Explain:</b> | _____ |

**C) MY CURRENT OCCUPATION, IF APPLICABLE, IS:** \_\_\_\_\_

**D) LANGUAGES: ENGLISH: FRENCH: OTHER(S):** \_\_\_\_\_

**CONFLICT OF INTEREST:**

Below I disclose my participation or affiliation with any organization that may create an actual or perceived conflict of interest with Confederation College: (Identify conflict or indicate "None".

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE TWO REFERENCES WHO CAN VERIFY YOUR SUITABILITY TO SIT ON A GOVERNING BOARD OF A LARGE PUBLIC ORGANIZATION:**

**REFERENCES:**

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

**ORGANIZATION/TITLE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

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

**ORGANIZATION/TITLE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**A COPY OF YOUR CURRENT RESUME IS REQUIRED IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED. PLEASE INCLUDE A COPY WITH YOUR SUBMISSION.**

**DECLARATION:**

If my nomination by Confederation College is approved, I agree to act as a Governor of Confederation College and, in my capacity as a Governor of Confederation College, I shall at all times act honestly and in good faith. I acknowledge that Governors of Confederation College must act in the best interest of Confederation College as a whole and not solely in the interest of the community in which they reside. As a Governor of Confederation College, I agree that I shall abide by the Confederation College's By-Laws and policies and all governing legislation. I fully understand that any errors in my application may result in my application for consideration as a Governor being refused or my Governorship being revoked. I undertake to advise Confederation College immediately in writing of any change in the information contained in this Application.

**MAIL OR EMAIL YOUR COMPLETE APPLICATION TO:**

\_\_\_\_\_  
**PRINT NAME OF APPLICANT**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DAYTIME PHONE NUMBER**

**MAIL:** Confederation College Board of Governors  
c/o President's Office  
Attention: Barbara Greer  
P.O. Box 398  
1450 Nakina Drive  
Thunder Bay ON P7B 0E5

**EMAIL:** [barbara.greer@confederationcollege.ca](mailto:barbara.greer@confederationcollege.ca)

**THANK YOU FOR YOUR INTEREST IN CONFEDERATION COLLEGE AND OUR GOVERNING BOARD.**