

**2009-2010 CAGP-ACPDP™ BOARD OF DIRECTORS**

**Expression of Interest Form**

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

Candidate name: \_\_\_\_\_ Member # \_\_\_\_\_  
Roundtable \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please confirm:

- I am a member in good standing (*if unsure, call the CAGP•ACPDP™ office*)
- I wish to be considered by the Nominations Committee as a potential candidate for the slate of Directors to be elected at the 2009 AGM. I understand there is no guarantee that I will stand for election but I am prepared to serve if recommended and elected.
- I have attached my Candidate Profile as described below.

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

.....  
**Candidate Profile - Guidelines for preparing (200 -250 words)**

The profile should include a summary of the nominee's relevant experience and qualifications and a brief personal statement

**Experience and Qualifications**

- Current and previous professional experience
- Educational background
- Involvement in CAGP-ACPDP™
- Participation and/or specific interests in the field of Gift Planning
- Experience serving on boards and/or committees

**Personal Statement**

- Your motivation in running for the Board
- Skills and abilities you bring to the Board
- Issues you feel are important for CAGP-ACPDP™ to address
- Any additional thoughts or suggestions that you may wish to share

**References**

- Please include the names, addresses and phone numbers of two references. At least one should be from someone with whom you have worked in an employment capacity or as part of a group.

- References may be consulted when the candidate is unknown to the selection committee or when the selection committee feels that reference checking will assist them in making appropriate recommendations

**Format**

- 200 – 250 words
- Maximum length is one page (8.5 x 11)
- Single spaced lines
- Minimum 12 size font
- Please do not submit a resume or curriculum vitae. A resume or curriculum vitae is not considered a Candidate Profile. (Submitting a resume or curriculum vitae, unless invited to do so by the Nominations Committee after you have submitted your Candidate Profile, may lead to disqualification)

**Submission**

Please submit this Expression of Interest Form **by January 9th, 2009** to the CAGP-ACDPD™ National office at:

**CAGP-ACDPD™**

325 Dalhousie Street  
Suite 201  
Ottawa, ON K1N 7G2

Fax: (613) 232-7286  
Email: [education@cagp-acpdp.org](mailto:education@cagp-acpdp.org)

*If you would like confirmation that this form has been received, please contact the CAGP-ACDPD™ office at [education@cagp-acpdp.org](mailto:education@cagp-acpdp.org)*

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**2009-2010 CAGP-ACDP™ BOARD OF DIRECTORS**

**Nomination Form**

**(Not required** unless the candidate wants to be guaranteed a place on the slate of nominees)

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

All of the following information must be provided and delivered to the National Office on or before the submission deadline (see Submission section at the end of this form) to successfully nominate a candidate for guaranteed inclusion in the slate of candidates for position of Director presented to the members at the 2009 AGM:

|                         |  |  |
|-------------------------|--|--|
| Candidate name:         |  |  |
| Candidate's Member#:    |  |  |
| Candidate's RoundTable: |  |  |
| Candidate's Phone:      |  |  |
| Candidate's Fax:        |  |  |
| Candidate's Email:      |  |  |
| Candidate Confirms:     | <input type="checkbox"/> I am a member in good standing <i>(if unsure, call the CAGP-ACDP™ office)</i><br><input type="checkbox"/> I have attached my Candidate Profile as described above this Nomination Form. |  |
|                         | <input checked="" type="checkbox"/>  |  |

^Signature of Candidate *(if returning by email type name here again)*  
 (Indicates consent to stand as a candidate for election as a Director)

**Recommending Members**

**Written acknowledgement from ten (10) Members** entitled to vote are required to recommend the above nominee on this Nomination Form. Each recommending Member must provide their name, signature and member number below. If any individual named below is not a Member in good standing the nominee will be disqualified.

See also **IMPORTANT REQUIREMENTS** in the Submission section at the end of this form.

|                               |                                    |            |
|-------------------------------|------------------------------------|------------|
| 1.                            |                                    |            |
| ^ Name of recommending member | ^ Signature of recommending member | ^ Member # |
| 2.                            |                                    |            |
| ^ Name of recommending member | ^ Signature of recommending member | ^ Member # |
| 3.                            |                                    |            |
| ^ Name of recommending member | ^ Signature of recommending member | ^ Member # |
| 4.                            |                                    |            |
| ^ Name of recommending member | ^ Signature of recommending member | ^ Member # |
| 5.                            |                                    |            |

|                               |                                    |            |
|-------------------------------|------------------------------------|------------|
| ^ Name of recommending member | ^ Signature of recommending member | ^ Member # |
| 6.                            |                                    |            |
| ^ Name of recommending member | ^ Signature of recommending member | ^ Member # |
| 7.                            |                                    |            |
| ^ Name of recommending member | ^ Signature of recommending member | ^ Member # |
| 8.                            |                                    |            |
| ^ Name of recommending member | ^ Signature of recommending member | ^ Member # |
| 9.                            |                                    |            |
| ^ Name of recommending member | ^ Signature of recommending member | ^ Member # |
| 10.                           |                                    |            |
| ^ Name of recommending member | ^ Signature of recommending member | ^ Member # |

Note: The Nomination Form is not required unless the candidate wishes to be guaranteed a place on the slate of nominees. If you merely wish to be considered as a potential candidate by the Nominations Committee you may simply use the Expression of Interest Form at the top of this document.

### Submission

Please submit this Nomination Form **by January 9th, 2009** to the CAGP-ACPD<sup>TM</sup> National office at:

#### CAGP-ACPD<sup>TM</sup>

325 Dalhousie Street  
Suite 201  
Ottawa, ON K1N 7G2

Fax: (613) 232-7286  
Email: [education@cagp-acpdp.org](mailto:education@cagp-acpdp.org)

### IMPORTANT REQUIREMENTS for Submission of Nomination Form:

If the Nomination Form is being returned by email then each recommending member and the nominee must send in her/his acknowledgement separately from her/his own email address. In other words national office must receive 11 separate emails, one from each recommending member and one from the nominee. The candidate information and the information for the recommending member must be completed in full in each case for separate email submissions or the nominee will be disqualified.

We recommend that the candidate complete her/his portion of the Nomination Form, forward it to their recommending individuals who will then fill in their respective information on the first line of the recommending member section and forward it to National Office. Then the nominee should immediately send the Nomination Form to the National Office along with her/his Candidate Profile. Nominees can avoid errors and save their recommending supporters time by providing them with their information accurately first.

Note to recommending members: please do not forward the Candidate Profile. The nominee is responsible for submitting the Candidate Profile and National Office does not want duplicates filling up its inbox.

If the Nomination Form is being returned by fax, signatures may be collected on a single form or may be submitted separately. The candidate information and the information for the recommending member must be completed in full in each case for separate fax submissions or the nominee will be disqualified.

Avoid disqualification! A nominee will be disqualified:

1. If the candidate information is incomplete on any copy of the Nomination Form submitted;
2. If less than 11 copies of the Nomination Form are received by National Office when the method of separate submissions is chosen;
3. If any individual indicated as a recommending member is in fact not a member in good standing; or
4. If any recommending member information is incomplete. (All ten spaces need not be completed each time when recommendations are submitted separately but the information of the individual submitting her/his recommendation must be complete.)

**NOTE:**

National Office nor the Nominations Committee is not required to notify any individual submitting a bid for candidacy or any recommending member of any deficiency in the Nomination Form or Candidate Profile even if such deficiency leads to disqualification. Each member is responsible for providing complete and accurate information as requested.

*If you would like confirmation that this form has been received, please contact the CAGP-ACDPD™ office at [education@cagp-acdpd.org](mailto:education@cagp-acdpd.org)*