



Nomination Form for Election as Director of the College of Vocational Rehabilitation Professionals

The Election is for Directors for the period November 1 2017 to the date of the AGM 2019

Name of Nominee: \_\_\_\_\_

Position: \_\_\_\_\_

Signature of Nominee: \_\_\_\_\_

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

Nominated by: \_\_\_\_\_

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

Seconder: \_\_\_\_\_

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

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

Please also submit statement of the relevant professional and personal experience of the Nominee by attaching a typewritten statement, not to exceed 150 words, completed and signed by the Nominee, providing business and professional experience, length of membership, CVRP positions held, and any additional professional and personal data that the nominee deems relevant.

The attached Candidate Information Sheet shall also accompany the Nomination form.

The signature of the Nominee confirms that the Nominee meets the eligibility criteria and is willing to serve if elected.

Nominations shall be delivered to the College by October 16, 2017. Nominations may be sent to the Roselle Piccininni, Chair of the Nominations Committee at the following email address: [rosellep@cvrp.ca](mailto:rosellep@cvrp.ca) or c/o The Registrar by email [jray@cvrp.ca](mailto:jray@cvrp.ca) or [info@cvrp.ca](mailto:info@cvrp.ca). The original signed paper copies must be received within 5



business days of the deadline at:

College of Vocational Rehabilitation Professionals  
PO Box 77034,  
6579 Highway 7  
Markham L3P 0C8

A handwritten signature in black ink, appearing to be 'Thea Aldrich', written over a horizontal line.

Thea Aldrich, CVE, RRP, CVRP, CCVE(D)  
President,  
Board of Directors,  
College of Vocational Rehabilitation Professionals



CANDIDATE INFORMATION SHEET -DIRECTOR ELECTIONS

Name:  
Home Address:  
Home phone:  
Personal Cell phone:  
Personal Email:  
Mobile Phone:

Business address:

Business phone:  
Business Cell Phone:  
Business Fax:  
Business Email:

Academic Qualifications:  
(Year of Graduation/ Granting of Degree/diploma):

Year of CVRP Certification and Credential(s):

Additional Academic or Other Degrees/diplomas/certificate:

Other Education:

Professional Association Memberships:

Volunteer Experience:

Community activities/Hobbies/Interests:

NFP Board Experience:

**Please discuss personal skills and expertise that will be beneficial to the CVRP Board of Directors**  
(This is an mandatory papragrah)