



## Hearing and Speech Nova Scotia Board Member Expression of Interest Form

Name: \_\_\_\_\_ Pronoun (optional) \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ LinkedIn \_\_\_\_\_  
 Phone/email: \_\_\_\_\_ Occupation \_\_\_\_\_

1. What affiliation or experience, if any, have you had with Hearing and Speech Nova Scotia (HSNS)?

2. Why are you interested in serving on Hearing and Speech Nova Scotia Board?

3. Do you have experience in any of the following areas:

- |                                   |  |   |  |
|-----------------------------------|--|---|--|
| Business <input type="checkbox"/> | Education <input type="checkbox"/>         | Governance <input type="checkbox"/>       | P.R./Communications <input type="checkbox"/> |
| Finance <input type="checkbox"/>  | Health <input type="checkbox"/>            | Past HSNS client <input type="checkbox"/> |  |
| Law <input type="checkbox"/>      | Government/policy <input type="checkbox"/> | Fundraising <input type="checkbox"/>      | Other <input type="checkbox"/> _____         |

Please describe your experience in these areas:

4. List any organizations (past or present) of which you are, or have been, a member (and in what capacity). Describe anything about your background or experience that you think could assist your work on the HSNS board.

**Please return to:**

Chair, Board of Directors  
 Hearing and Speech Nova Scotia  
 Email: [info@nshsc.nshealth.ca](mailto:info@nshsc.nshealth.ca) | Fax: (902) 423-3150

OFFICE USE ONLY

Date joined: \_\_\_\_\_ Signature of Board Chair: \_\_\_\_\_