

## Open Health Niverville Advisory Board Application / Nomination Form

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### Important: Please Read These Instructions Before Filling Out Form

**Step 1:** Fill out the Application/ nomination form.

**Step 2:** Once you've completed and save the form, Email it and your resume (if submitting) to the Open Health Niverville Business Manager at [clinic@whereyoubelong.ca](mailto:clinic@whereyoubelong.ca). Please submit this application form along with any other required documents (i.e. resume, cover letter, etc.).

**Applications/ nominations will remain on file for two years.  
After two years a new application/ nomination will be required.**

#### Applicant Information

<b>First name:</b>		<b>Last Name:</b>	
<b>Email:</b>		<b>Phone Number:</b>	
<b>Home / Mailing Address:</b>			
<b>Suite NO./ P.O. Box</b>		<b>Postal Code:</b>	
<b>City / Town</b>		<b>Province:</b>	

#### Area(s) of Expertise



**Special interests/ Life Experiences**

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**Community / Committee Involvement**

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**Additional Comments**

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<b>Submitted / Nominated By</b>	<b>Date</b>