

## The Durham Art Gallery Board of Directors Nomination Form

## **NOMINEE INFORMATION:**

Name:	
Address:	
Telephone:	Email:
Signature:	Date:
	NOMINATOR INFORMATION
Name:	
Signature:	Date:
NOMI	NEE EXPERIENCE AND BACKGROUND
Current Employer:	
Position:	
Education Level:	
Indicate Non-profit Board/Committee	e you have served on:

Gallery Hours: Tuesday to Friday, 10am-5pm; weekends and holidays, 1-4pm 251 George Street East, Durham ON NOG 1R0 <a href="mailto:info@durhamart.on.ca">info@durhamart.on.ca</a>



Are you a member of the DAG?

If yes, indicate total years of membership:

Have you ever served on the DAG Board of Directors?

If yes, indicate total years served on Board:

## **INTEREST IN DAG:**

Why do you want to serve as a Director on The Durham Art Gallery's Board? (include any relevant professional or personal experience)

Please indicate which of the following skills/experience you have (check all that apply)

- a) Advocacy
- b) Business Planning
- c) Charity Law
- d) Finance
- e) Fundraising
- f) Governance
- g) Human Resources Management
- h) Information Technology
- i) Legal
- j) Marketing & Communication
- k) Non-Profit Accounting
- I) Policies & Procedures
- m) Risk Management
- n) Stakeholder Engagement
- o) Strategic Planning

What area of Board work are you most interested in from the list above?

Please mail, email, or bring the completed form to the Gallery.

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Charitable Registration Number: 10727 0878 RR0001