**The Durham Art Gallery Board of Directors Nomination Form**

**NOMINEE** **INFORMATION:**

Name:

Address:

Telephone: Email:

Signature:

Date:

**NOMINATOR** **INFORMATION**

Name:

Signature: Date:

**NOMINEE** **EXPERIENCE** **AND** **BACKGROUND**

Current Employer:

Position:

Education Level:

Indicate Non-profit Board/Committee you have served on:

Gallery Hours: Tuesday to Friday, 10am-5pm; weekends and holidays, 1-4pm

251 George Street East, Durham ON N0G 1R0 info@durhamartgallery.com

Charitable Registration Number: 10727 0878 RR0001

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)

b) c) d) e) f) g) h) i) j) k) l)

m)

n)

o)

Advocacy

Business Planning Charity Law Finance Fundraising Governance

Human Resources Management

Information Technology

Legal

Marketing & Communication Non-Profit Accounting Policies & Procedures

Risk Management

Stakeholder Engagement

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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