

Sexual Health Nova Scotia

**Sexual Health Nova Scotia (SHNS)** represents the provincial network of community-based sexual health centres. We work together to champion positive sexual health throughout the lifespan for all in Nova Scotia. We are associate members of Action Canada for Sexual and Reproductive Health (Action Canada). The member-centres throughout the province offer clinical services, supportive guidance, free safer sex supplies, community education, and more.

SHNS is governed by a Board of Directors which is responsible for determining its purpose and mission as well as:

* Strategic planning
* Selecting and evaluating provincial staff (when applicable)
* Liaising with independent member-centre boards
* Overseeing communications with external stakeholders including other organizations, agencies, and government
* Promoting the mission of SHNS
* Maintaining responsibility for legal and financial oversight of SHNS.

SHNS is recruiting volunteers to sit on our board as members-at-large. Experience in non-profit organizations and/or healthcare is considered an asset.

**Board of Directors’ Participation & Responsibilities**

* Directors will fully support the vision and mission of SHNS.

Attendance at meetings: SHNS meets once per month by teleconference for approximately 1hour. Currently we meet the second Thursday of the month at 6:30 p.m. We may also meet twice a year in person, usually in the Truro area.

* Meeting preparation: All Board members are expected to arrive at meetings ready to contribute, which includes having reviewed all pertinent material.
* Committee work: All Board members are expected to work on a committee of their choosing.
* Travel: Some travel may be required, usually in the Truro or Metro area. Mileage expenses for meetings are covered by SHNS.
* Participation in orientation, educational and planning sessions: Minimal time requirement (perhaps once per year).
* Working with SHNS staff and independent member-centres: SHNS is responsible as the employer of provincial staff (not including the member-centre staff).
* Attendance at events: We encourage our Directors to attend any relevant fund raising events, conferences, and other initiatives.
* Legal and financial responsibilities: As with any non-profit Board, Directors are legally responsible for the governance of the organization, which includes oversight of legal, financial, and human resource matters.

**Benefits**

* Tangible contribution to improving the sexual health of Nova Scotians
* Opportunity to work with people who are passionate about healthy sexuality
* Professional development opportunities that are transferable to the private sector
* Board of Directors liability insurance
* Travel, lodging, and meal expenses may be reimbursed for in-person meetings.



Application for Nomination

to the Board of Directors

All applicants will be sent a confirmation email upon receipt of their application. While we appreciate each person’s interest, we have limited seats at this time and only those selected for an interview will be contacted further. Applicants may include a resume with their application.

**Contact Information**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Why are you interested in being a SHNS board member?**

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**What knowledge and skills do you have that will benefit SHNS?**

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**List the boards on which you serve/have served.**

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**List any other volunteer activities and your role.**

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**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your interest in SHNS. Please email your signed

application and resume (optional) to provincialcoordinator@shns.ca

Please enter “SHNS BOARD APPLICATION” in the subject line.

**References** (no immediate family or friends please)

***Reference # 1***

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 ***Reference # 2***

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Reference # 3***

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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