



# Sexual Health Nova Scotia

*Sexual Health Nova Scotia (SHNS) is dedicated to championing healthy sexuality throughout the lifespan, in an environment that respects and supports choice.*

**SHNS** is the representative body of the autonomous Sexual Health Centres located in Nova Scotia. We are associate members of Action Canada for Sexual and Reproductive Health (Action Canada). We have a network of member-centres throughout the province offering clinical services, supportive guidance, free safer sex supplies, community education, and more.

**VISION:** Positive sexual health in Nova Scotia is held in the same regard as any other area of wellness. People are able to enjoy their sexuality free from shame and violence, and have access to judgement-free services when and where they need them. Individual freedoms, rights, safety and agency are also supported.

**MISSION:** To champion positive sexual health for all Nova Scotians.

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

- Fund development
- 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.

We are open to applications from all individuals interested in helping us further our mission and, specifically, we are in need of those with the following skills and/or professional designations:

- Health promotion
- Law
- Business and/or accounting
- Fundraising and fund development

## **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 2 hours. Currently we meet the first Thursday of the month at 6:30 p.m. We may also meet 2-3 times a year in person, usually in the Truro area. In scheduling meetings, every effort is made to accommodate board members as much as possible.
- 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, when the budget permits.
- 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.
- Fundraising expectations: Directors are encouraged to assist in raising funds for SHNS.
- 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, depending on need and resources

# 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 should include a resume with their application. All successful applicants will be required to submit additional documents (e.g. criminal record check).

## 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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**Please indicate your level of knowledge, skills and experience for each of the following categories:**

<b>Skills/Areas of Experience:</b>	<b>None</b>	<b>Fair</b>	<b>Good</b>	<b>Advanced</b>
Business Management				
Financial Management				
Government Relations				
Board Governance/Development				
Health Care Systems and Services				
Information Technology				
Law/Legal				
Public Relations / Communications				
Social Services				
Strategic Planning				
Youth				
Reproductive Rights				
Research				
Marketing				
Fund Raising				
Fund Development				
<b>Knowledge of Communities:</b>				
Indigenous populations				
Ethnic Minorities				
Immigrants/Refugees				
Youth				
Rural Communities				
LGBTQ+				
Disabilities				

**In a short paragraph, summarize one accomplishment that illustrates those skills that you have indicated as “good” or “advanced” knowledge, skills and experience.**

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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 [lunco.ns.sexualhealth@gmail.com](mailto:lunco.ns.sexualhealth@gmail.com)  
Please enter "SHNS BOARD APPLICATION" in the subject line.

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

***Reference # 1***

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

**Relationship:** \_\_\_\_\_

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

**Daytime phone:** \_\_\_\_\_

***Reference # 2***

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

**Relationship:** \_\_\_\_\_

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

**Daytime phone:** \_\_\_\_\_

***Reference # 3***

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

**Relationship:** \_\_\_\_\_

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

**Daytime phone:** \_\_\_\_\_