**HM|HC LEADERSHIP COMMITTEE | EXPRESSION OF INTEREST**

Thank you for your interest in serving on the Healthy Minds | Healthy Campuses Leadership Committee.

In order to assist our Selection Committee in the nomination process, please:

* Review the HM|HC 2020-2023 [Strategic Plan](https://healthycampuses.ca/wp-content/uploads/2020/06/Strategic-Plan-June-2020-.pdf).
* Review the HM|HC Leadership Committee [Terms of Reference](http://healthycampuses.ca/wp-content/uploads/2021/04/Leadership-Committee-LC-Terms-of-Reference.pdf).
* Answer the following questions and submit this form along with a signed Terms of Reference via email to HM|HC co-lead Bakht Anwar at healthy.campuses@cmha.bc.ca.

Conversations with prospective LC members will be held virtually. After the application submissions, the Selection Committee will contact candidates to book times for those conversations. *Please note that there is limited space available on the HM|HC Leadership Committee and members are selected according to the expertise and representation required to fulfill its mandate.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post-secondary Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please relate the nature and duration of any involvement so far with Healthy Minds | Healthy Campuses.
2. What interests you most about Healthy Minds | Healthy Campuses and its Leadership Committee?
3. List other experience or positions held that you consider relevant for participation on the Committee.
4. Please sign the [Terms of Reference](http://healthycampuses.ca/wp-content/uploads/2021/04/Leadership-Committee-LC-Terms-of-Reference.pdf) for HM|HC’s Leadership Committee, thereby affirming your intent to work within those guidelines, and return that form along with this filled-out expression of interest.
5. While welcome to self-nominate, you are also invited to provide formal support for your nomination.

Name of 1st person supporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post-secondary institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact info (phone & email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of 2nd person supporting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post-secondary institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact info (phone & email): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_