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

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

To assist our Selection Committee in the nomination process, please:

* Review our HM|HC 2020-2023 [Strategic Plan](https://healthycampuses.ca/wp-content/uploads/2020/06/Strategic-Plan-June-2020-.pdf).
* Review our HM|HC Leadership Committee [Terms of Reference](https://healthycampuses.ca/wp-content/uploads/2023/06/LCTerms-of-Ref.docx).
* Fill out and submit this form along with a signed Terms of Reference via email to [healthy.campuses@cmha.bc.ca](mailto:healthy.campuses@cmha.bc.ca) by **July 14, 2023**.

Conversations with our potential LC members will be held virtually. Our Selection Committee will contact candidates to book times for those conversations. *Please note that there is limited space available on our HM|HC Leadership Committee. Members (professionals and students) are selected according to the diverse experience, perspective and representation required to fulfill its mandate.*

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

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

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

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

Home (City/Town) location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_

1. What interests you most about Healthy Minds | Healthy Campuses and our Leadership Committee?
2. Please relate the nature and duration of any involvement you may have had so far with HM|HC.
3. Please share any further personal experience, perspective and skills you consider relevant for this role.
4. Please sign the [Terms of Reference](https://healthycampuses.ca/wp-content/uploads/2023/06/LCTerms-of-Ref.docx) 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_