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ST. CATHARINES

BOARD OF MANAGEMENT DIRECTOR APPLICATION FORM

ST. CATHARINES DOWNTOWN ASSOCIATION

Representing members of the Downtown St. Catharines Business Improvement Area (BIA)

Nominee's Name: _____

Business Name: _____

Address: _____

Phone: _____ E-mail: _____

Are you a business owner? Y N Type of Business: _____

Commercial property address:

Are you a property owner? Y N _____

Do you live downtown? Y N _____

Nominated By: _____ Business Name: _____

PART A: APPLICATION FORM

Interest in the Position: Please tell us about yourself and why you want to serve on the St Catharines Downtown Association Board. What do you hope to contribute, and how would you support the work of the St Catharines Downtown Association (SCDA)?

Relevant Skills and Experiences: Please tell us about your skills, education and/or experiences, including lived experiences, that are relevant to the SCDA.

BIA Involvement: Please tell us about your past BIA involvement, including any involvement with committees, taskforces or the board that are relevant to the SCDA. Please describe the roles you played and the period of time you were involved.

Please share your view of the Organizational Strengths, Weaknesses, Aspirations and Results pertaining to the SCDA

Strengths	Weaknesses	Aspirations	Results

Conflict of Interest Disclosure Statement

Members of the public who are appointed to represent the SCDA must ensure that their personal interests do not interfere with their public duties as a board member. A conflict of interest arises when your personal interests conflict, or are perceived to conflict, with the interests of the SCDA and the board you are representing. You are required to disclose any personal interests that may conflict with the interests of this board. Disclosure does not disqualify you from consideration for appointment.

Do you have any personal interests that may conflict with the interests of the position for which you are applying? If yes, please describe in detail:

Additional Information (Optional): If necessary, please provide any additional relevant information that is not captured in your previous answers.

PART B: DEMOGRAPHIC INFORMATION (OPTIONAL)

The SCDA is committed to respecting, fostering, and supporting diversity and inclusion within its leadership and governance. The SCDA encourages applications in particular from individuals from racialized groups, Indigenous peoples and traditionally underrepresented communities to ensure that our board is reflective of the diversity and demographics of its membership and the populations its members serve.

Completion of this section will help the SCDA to measure the diversity of applicants at different stages of the recruitment process and to gauge the SCDA's success with respect to attracting diverse individuals and achieving greater diversity on its board.

Responding to the questions below is optional.

1. **Age**

   18-24
   25-34
   35-44
   45-54
   55-64
   65-74
   75-84
   over 85

2. **Gender (you may select all that apply):**

   Cis Male*
   Cis Female*
   Trans Male
   Trans Female
   Non-Binary
   Two Spirit
   I identify as:

   **Cisgender describes a person whose gender identity corresponds to their sex assigned at birth.*

3. **Pronouns**
   What are your pronouns?

   She / Her
   He / Him
   They / Them
   Ze / Hir
   Ze / Zir
   Xe / Xie
   Not Listed – my pronouns are:

4. **Indigenous Peoples**
   Indigenous Peoples are those who identify as members of First Nations (status, non-status, treaty or non-treaty), Inuit or Métis communities in Canada.

   Based on this description, do you consider yourself to be an Indigenous person?

   Yes
   No

   If yes, feel free to tell us about your Indigenous identity.

5. **Ethnicity/Race**
   Ethnic/racial groups are defined by race or colour only, not by country of birth, citizenship or religious affiliation.

   Please identify which of the following best describes your ethnicity or race (you may select all that apply):

   Black (e.g. African, Afro-Caribbean, African-Canadian descent)
   East Asian (e.g. Chinese, Korean, Japanese, Taiwanese descent)
   Latinx (e.g. Latin American, Hispanic descent)
   Middle Eastern (e.g. Arab, Persian, Turkish West Asian descent)
   South Asian (e.g. Indian, Pakistani, Bangladeshi, Sri Lankan descent)
   Southeast Asian (e.g. Filipino, Vietnamese, Cambodian, Thai, Indonesian descent)
   Indigenous (e.g. First Nations, Inuit, Métis)
   White (e.g. European descent)
   Not Listed – I identify as: _____

6. **Disability**
   The term disability covers a broad range and degree of conditions, some visible and some not visible. These include physical disabilities, hearing or vision disabilities, developmental disabilities, learning disabilities, chronic illness and mental health disabilities and addictions. A disability may be permanent, temporary or episodic, which may result in experiencing disadvantage or barriers to full participation in society.

   Based on this description, do you consider yourself to be a person with a disability?

   Yes
   No

7. **2SLGBTQ +**
   2SLGBTQ+ is an abbreviation used to represent a broad array of identities including, but not limited to, lesbian, gay, bisexual, trans, queer and two-spirited.

   Based on this description, do you consider yourself 2SLGBTQ+?

   Yes
   No

Additional Information (Optional): If necessary, please provide any additional relevant information that is not captured in your previous answers.

I agree to:

- Participate in mandatory city and on-boarding training, including diversity training
- Comply with the City of St Catharines Code of Conduct and SCDA policies
- Actively participate in meetings and come to meetings prepared

_____ _____

Nominee's Signature Date

For Association Office Use Only

Nominee Package received on _____ Complete: Yes/No