



**CGPA**

GROUP THERAPY  
GROUP TRAINING  
GROUP FACILITATION

**NOMINATION FORM  
CANDIDATE PROFILE**  
(please type or print)

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

What skills and relevant experience would you bring to the Board of CGPA?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you think your participation would help to enrich the Board?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What motivates you to volunteer to serve on the CGPA Board?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Send completed nominations to [admin@cgpa.ca](mailto:admin@cgpa.ca) or mail to CGPA, c/o First Stage Enterprises – Jessica, 1 Concorde Gate, Toronto, ON M3C 3N6.