



2025 Call for Nominations Form

Board Officer and Director Nomination Form

Candidate Information

Name:

Current Position:

Organization:

Address:

Phone:

Email:

Type of Nomination

Self-Nomination

Nomination on behalf (Nominee name) _____

(Your name) _____

I have confirmed with candidate they are willing to serve

Letter of support and/or letter of interest

Candidate Characteristics and Qualifications

Please refer to the [Nomination Guide](#) for more information on criteria to highlight on this form. Include strategic skills, leadership roles, other board service or committee membership. Describe leadership style and commitment to the advocacy and advancements in the field of aging healthcare.

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LeadingAge Minnesota Service and Engagement

List leadership District positions, committee leadership, involvement in advancing public policy and other advocacy efforts in the field of aging healthcare.

Directions for Nomination

Complete nomination form, attach letters of support and submit via email to Nathalie Squire at nsquire@leadingagemn.org with subject line:

2025 LeadingAge Minnesota Nominating Committee

Submit before end of day, Friday, Aug. 8.

Questions

Board members and [nominating committee members](#) welcome your questions!

Contact any of our [current board members](#)!