

## Application Form

The following form is used for applications to the **Nova Scotia Federation of Agriculture (NSFA) Council of Leaders** and the **Farm Safety Nova Scotia (FSNS) Board of Directors**. The membership of FSNS is the membership of NSFA. The NSFA Nominating Committee is responsible for finding qualified applicants for both the NSFA Council and FSNS Board.

The Nominating Committee follows the following guiding principles:

1. **Farm Demographics:** ensuring participation that is representative of membership including region, commodity, and farm size.
2. **People Diversity:** participation that is representative of age, gender, race, ethnicity, sexual orientation, gender identity, religion, nationality, etc.
3. **Skill Diversity:** participation represents diverse skills, expertise, educational background, and experiences.

For more details on the organizations, expectations, and commitments, please refer to the recruitment information packages.

Please select which you are applying to:

- NSFA Council of Leaders
- FSNS Board of Directors

To qualify, you must be an NSFA member and an eligible representative of the farm. We encourage representatives who are actively involved in the farm business, even if they are not part of the official ownership structure, provided they have the support of the farm owner.

- I am listed as a farm owner on the registration
- I have the support of a listed farm owner to represent the farm (*please note a follow-up request will be made to complete a designated representative form*)

You must have the support of five (5) NSFA members, each of whom must be listed as a farm owner or designated representative with the NSFA office. Original signatures are preferred, but support can also be provided via email from the endorsing members.

### Contact and Farm Information

Full Name:

Farm Name (if applicable):

Email Address:

Phone Number:

Civic Address:

Region:

Please select commodities produced:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Apples                | <input type="checkbox"/> Grapes                   | <input type="checkbox"/> Maple           |
| <input type="checkbox"/> Beef                  | <input type="checkbox"/> Greenhouse Crops         | <input type="checkbox"/> Mink            |
| <input type="checkbox"/> Christmas Trees       | <input type="checkbox"/> Hemp                     | <input type="checkbox"/> Oilseeds        |
| <input type="checkbox"/> Cranberries           | <input type="checkbox"/> Hogs                     | <input type="checkbox"/> Sheep/Lambs     |
| <input type="checkbox"/> Custom Work           | <input type="checkbox"/> Honey, Bees, Pollination | <input type="checkbox"/> Small Fruits    |
| <input type="checkbox"/> Dairy Milk Production | <input type="checkbox"/> Hops                     | <input type="checkbox"/> Vegetable Crops |
| <input type="checkbox"/> Dairy Replacements    | <input type="checkbox"/> Haskaps                  | <input type="checkbox"/> Other:<br>_____ |
| <input type="checkbox"/> Eggs                  | <input type="checkbox"/> High Bush Blueberries    |  |
| <input type="checkbox"/> Fox                   | <input type="checkbox"/> Low Bush Blueberries     |  |

Please provide a brief overview of your farm operation:

### Skills & Experience

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Governance           | <input type="checkbox"/> Government Relations             | <input type="checkbox"/> Legal & Risk Management          |
| <input type="checkbox"/> Leadership           | <input type="checkbox"/> Agricultural Policy              | <input type="checkbox"/> Other (please specify):<br>_____ |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Human Resources                  |   |
| <input type="checkbox"/> Public Relations     | <input type="checkbox"/> Stakeholder/Member<br>Engagement |   |
| <input type="checkbox"/> Strategic Planning   |   |   |

How do you believe your skills can contribute to the strategic goals and mandate of the organization?

Please share your governance (e.g. boards and committees) and community volunteer work experience.

Briefly describe your professional and personal experience in the agriculture sector or related industries that make you an ideal candidate for this position.

Please state your interest in serving as a Council/Board member and how you plan to contribute to collaborative decision-making while representing the collective needs of the broader agricultural community.

### Self-Identification

Which age group do you belong to?

- Under 25
- 25 – 39
- 40 – 65
- 65 +
- Decline to identify

Please select all that apply:

- |                                     |   |  |
|-------------------------------------|---|--|
| <input type="checkbox"/> Male       | <input type="checkbox"/> African Nova Scotian | <input type="checkbox"/> Persons with Disabilities |
| <input type="checkbox"/> Female     | <input type="checkbox"/> Francophone/Acadian  | <input type="checkbox"/> Other:                    |
| <input type="checkbox"/> Non-binary | <input type="checkbox"/> Immigrant            | _____  |
| <input type="checkbox"/> Caucasian  | <input type="checkbox"/> Visible Minority     | <input type="checkbox"/> Decline to identify       |
| <input type="checkbox"/> Indigenous | <input type="checkbox"/> LGBTQIA2S+           |  |

## Applicant Acknowledgement

I acknowledge that the information provided in this application will be shared with relevant staff, the Nominating Committee and Council. The information in this package will also serve as the basis for the candidate's introduction to members which will be shared via email, social media and other communication platforms. Personal contact information will not be broadly shared.

I understand the commitment required as a Council/board member, including the fiduciary responsibility to the organization. I am dedicated to following and upholding governance policies and best practices.

I confirm that the information provided in this application is accurate and complete to the best of my knowledge.

Signature:

Date:

## Endorsements

By endorsing this candidate, I confirm that I support their candidacy and believe they are well-suited for this role.

### Endorser 1

Name:

Farm Name:

Signature:

### Endorser 4

Name:

Farm Name:

Signature:

### Endorser 2

Name:

Farm Name:

Signature:

### Endorser 5

Name:

Farm Name:

Signature:

### Endorser 3

Name:

Farm Name:

Signature: