



# 2025

## VOLUNTEER OPPORTUNITY TO JOIN THE ODHA BOARD

Become part of a thriving organization and work with  
your peers to advance the profession of dental hygiene.  
It's a rewarding experience!



Passion, pride, dedication, and just wanting to be connected are some of the reasons for volunteering. At ODHA, individual volunteers can make a difference and together they embrace diversity, inclusion and is committed to building an association that represents a variety of identities, backgrounds, perspective and abilities.

## Share your passion, knowledge and perspectives.

### As a Volunteer

- Provide input on the direction of your professional Association
- Share your ideas and experience
- Network and socialize with your peers
- Learn skills for personal and professional growth
- Receive recognition for your efforts

### Opportunities Include...

- Director on the board
- Member of a committee or task force
- Official representative
- Advocacy (lobbying)

### Current Volunteer Vacancies

- Director on the board
- Public Awareness Advisory Committee (PAAC)
- Long-Term Care Advisory Committee (LTCAC)

We invite  
**YOU**  
to get  
involved

## Committees, Task Forces & Official Representatives

ODHA is always seeking members to serve as official representatives or to serve on task forces and committees. The specific responsibilities of these volunteer roles vary according to the committee, task or position.

If you are interested in volunteering with the ODHA, but not sure if a director position is appropriate for you, please contact the ODHA for more information about other opportunities to serve the ODHA and your profession.

### Volunteer commitment

Once you decide to volunteer for the ODHA, you are making an important commitment - one we hope you will take pride in honouring. It's an opportunity that will benefit you and your profession.

## Make a difference as an ODHA volunteer!

# BOARD OF DIRECTORS

The 11-member Board is made up of nine Regional Directors, the President and President Elect. The province is grouped into seven regions with one Regional Director in regions A, C, D, E and F and two Regional Directors in regions B and G.

As a Director, you play an important role in providing direction and making decisions, including approval of the operational budget; shaping ODHA's strategic initiatives and vision; promoting dental hygiene to the community; supporting the government relations program; and encouraging membership.

## REGIONAL DIRECTOR

Regional Directors represent the interests of the region as well as the general membership and work or reside within the defined geographic area for the region. The Regional Directors are elected (if more than one or two nominations are received, depending on the region) by members from their region.

### Regions

- A** – Algoma, Thunder Bay, Sudbury, Nipissing, Timiskaming, Kenora, Timmins, Manitoulin, Cochrane, Rainy River and Parry Sound
- B** – Halton-Peel, Simcoe County, Muskoka
- C** – London & Area, Sarnia-Lambton, Windsor-Essex, Huron-Grey-Bruce
- D** – Bay of Quinte, Kingston & Area, Ottawa, Peterborough & Area
- E** – Hamilton & Area, Niagara, Peninsula, Waterloo-Wellington
- F** – Toronto area
- G** – Durham, York Region



**2025**  
**vacancies**

**Region D**  
one-year term

**Regions E, F, G**  
two-year term

two positions for Region G

### Requirements

- Positions are for a two-year term
- Candidates must have a minimum one-year experience working as a dental hygienist
- Election platform
- Please view further details on the [supplementary document](#) for additional qualifications

### Responsibilities

- Attend and participate in at least three face to face and three teleconference sessions per year
- Possible involvement at events during the year

## NOMINATION FORM

**REGIONAL DIRECTOR** (check one)

Region D

Region E

Region F

Region G

(please print name of nominee)

We, the undersigned, being members in good standing of the ODHA, hereby nominate the member named above.

1. \_\_\_\_\_  
(signature of ODHA active/life member)

2. \_\_\_\_\_  
(signature of ODHA active/life member)

(please print name)

(please print name)

As a member in good standing, I accept the nomination.

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

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

Signature: \_\_\_\_\_

Please complete & return this form by 4 p.m. **February 10, 2025**, with a current resume.

**Mail to:** ODHA - 108-3425 Harvester Rd., Burlington, ON L7N 3N1 **or** **Email to:** [dhoo@odha.on.ca](mailto:dhoo@odha.on.ca)