APPLICATION FOR MEMBERSHIP

Board of Directors and Patient/Resident Reps for Board Committees

1. Instructions

- (a) To apply to be a Board Member of the Board of Directors for the Deep River & District Hospital, the Four Seasons Lodge and the North Renfrew Family Health Team, or to become a Patient / Resident Representative on a Committee, please complete this form and submit it with your reasons for interest and relevant background.
- (b) Please submit your completed form by mail, fax, e-mail, or drop it off at the following address:

Attn: Amy Joyce Deep River & District Hospital 117 Banting Drive Deep River, Ontario, K0J 1P0

Email: amy.joyce@drdh.org

Fax: 613-584-9635

(c) The deadline for applications is: April 15

(d) For more information about the application process, please contact:

Amy Joyce, Executive Assistant and Communications Coordinator - tel. 613-584-3333 ext. 7100

2. Applicant Contact Information

Surname:	First Name:	Middle Initial:						
Home Address: (incl. PO Box)								
City:	Province:	Postal Code:						
Home and/or Cell Phone Numbers: Business Phone Number:								
E-mail Address:								
Date of Birth (YYYY/MM/DD):								
Preferred Method of Contact: Hom	ne Phone 🔲 Cell Phone	☐ Business Phone ☐ E-mail						

3. Eligibility Criteria and Conditions of Appointment

- (a) Individuals must be at least 18 years old.
- (b) Undischarged bankrupts are ineligible to serve.
- (c) Employees or medical and professional staff members working at the organization are not eligible.
- (d) Individuals are expected to commit the time required to perform Board and Committee duties.
- (e) Individuals must fulfill the requirements and responsibilities of their position and must comply with the Public Hospitals Act and other legislation governing the organization, the by-laws and policies, and all other applicable rules.
- (f) Individuals must be interviewed by the Nominating Committee. Directors will be elected by the Members of the Corporation and Patient / Resident Representatives on Board Committees will be appointed by the Board.

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4.	Knowledge, Skills, and Experience
	The Board seeks a complementary balance of knowledge, skills, and experience. Please indicate your areas of knowledge, skills, and experience by completing Schedule A to this application.
5.	Please give a brief statement on why you would like to serve on the Board of Directors or as a Patient / Resident Representative on a Board Committee.
6.	Please give a brief "bio" about yourself, including your work and volunteer experience.

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7	Conflict	of Interest	Disclosure	Statement
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Board Members and Patient / Resident Representatives on Board Committees must avoid conflicts between their self-interest and their duty to the organization. In the space below, please identify any relationship with any organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the Board or a Committee.
8. Declaration
By submitting this application, I declare the following:
(a) I meet the eligibility criteria and accept the conditions of appointment set out above;(b) I certify that the information in this application is true.
Signature: Date:

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Application for Membership: Schedule A

Knowledge, Skills, and Experience

Please indicate your areas of knowledge, skills, and experience by completing the table below. Please note that it is not expected that you possess knowledge, skill or experience in all the areas set out in the table.

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