Deep River and District Hospital

APPLICATION FOR MEMBERSHIP

Board of Directors and Community Members for Board Committees

1. Instructions

- (a) To apply to be a member of the Deep River & District Hospital Board of Directors, or to become a community member 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 **May 25, 2018**.
- (d) For more information about the application process, please contact: Amy Joyce, Executive Assistant, DRDH 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: Home 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) Individuals must reside or carry on business within the area served by the hospital. Hospital employees or medical and professional staff members working at the hospital 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 hospital, the hospital's 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 Community Members on Board Committees will be appointed by the Board.

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their duty to the hospital. In the space below, p	Committees must avoid conflicts between their self-interest and lease identify any relationship with any organization that may of a conflict of interest, by virtue of being appointed to the Board or
5. Knowledge, Skills, and Experience	
The Board seeks a complementary balance of knowledge, skills, and experience by completing	knowledge, skills, and experience. Please indicate your areas of a Schedule A to this application.
6. Please give a brief statement on why or as a Community Member on a Bo	y you would like to serve on the Board of Directors ard Committee.
7. Declaration	
By submitting this application, I declare the foll	owing:
(a) I meet the eligibility criteria and accept the(b) I certify that the information in this application	
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 checking off the relevant boxes in the table below. It is not expected that you possess knowledge, skill or experience in all the areas set out in the table.

Area of Knowledge/Skills/Experience	None	Novice	Good	Advanced	Expert
Finance					
Business Management					
Human Resources Management					
Health care administration and policy and health system needs, issues and trends					
Clinical					
Government and Government Relations					
Political Acumen					
Construction and Project Management					
Legal					
Strategic Planning					
Patient and Health Care Advocacy					
Risk Management					
Information Technology					
Accounting					
Education					
Research					
Quality and Performance Management					
Labour Relations					
Board and Governance					
Public Affairs and Communications					
Ethics					
Demographics					

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