



APPLICATION FOR MEMBERSHIP

Board of Directors and Patient / Resident Representatives for Board Committees

1. Instructions

To apply to be on the Board of Directors for Deep River and District Health, which includes the Deep River & District Hospital, the Four Seasons Lodge Long-Term Care Home, 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.

Please submit your completed form by mail, fax, e-mail, or drop it off at the following address:

Attn: Michaela Vaclavinek
Deep River & District Health
117 Banting Drive
Deep River, Ontario, K0J 1P0

Email: mvaclavinek@drdh.org
Fax: 613-584-9635

The deadline for applications is: **April 15**

For more information about the application process, please contact:
Michaela Vaclavinek, Executive Assistant - tel. 613-584-3333 ext. 7100 or mvaclavinek@drdh.org.

2. Applicant Contact Information

Surname: _____ First Name: _____ Middle Initial: _____

Home Address: _____
(incl P.O. Box)

City: _____ Province: _____ Postal Code: _____

Cell Phone Number: _____ Home Phone Number: _____ Business Phone Number: _____

Email Address: _____

Date of Birth: _____
(YYYY-MM-DD)

Preferred Method of Contact:	Cell #	Home #	Business #	Email
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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 of Directors.

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.



7. Conflict of Interest Disclosure Statement

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, personal or professional, 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:** (YYYY-MM-DD) _____

