

CAMPBELLFORD MEMORIAL HOSPITAL

Application for Membership

Board of Directors/Board Committees

1. Instructions

- (a) To apply to be a member of the Campbellford Memorial Hospital Board of Directors, you must complete this form and submit it with a copy of your current resume or a brief biographical sketch.
- (b) Please submit your completed form and **resume** or **biographical sketch** by mail, fax, or email to the following address:

Lynda Tinney
Executive Assistant to CEO
Campbellford Memorial Hospital
146 Oliver Road
Campbellford, Ontario K0L 1L0

Phone – 705 653-1140 x 2161 (Tues & Thurs)

Fax - 705 653-4958

Email - ltinney@cmh.ca

- (c) The deadline for applications is **Monday, May 1, 2017.**

2. Applicant Contact Information

Surname:		First Name:	
Home Address:			
City:	Province:	Postal Code:	
Home Phone Number:		Business Phone Number:	
E- mail Address:			
Preferred Method of Contact: Home Phone <input type="checkbox"/> Business Phone <input type="checkbox"/> E-mail <input type="checkbox"/>			

3. Eligibility Criteria and Conditions of Appointment

- (a) Directors must be at least 18 years old.
- (b) Undischarged bankrupts are ineligible to serve as directors.

- (c) Hospital employees or medical or professional staff members are ineligible to serve as directors.
- (d) A director is expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 10-15 hours per month.
- (e) Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligation to the hospital, and working cooperatively and respectfully with other board members. Directors 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) Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and hospital policies.

4. Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the hospital. 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.

5. 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.

6. Please list current or prior board experience

7. Which areas of board work are of particular interest to you?

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 and in my resume or biographical sketch is true.

Signature: _____ Date: _____

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. Please indicate only those areas that apply to you.

Finance		Risk Management	
<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
Business Management		Information Technology	
<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
Human Resources Management		Accounting	
<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
Health Care Administration and Policy and Health System Needs, Issues and Trends		Education	
<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
Clinical		Research	
<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
Government & Government Relations		Quality and Performance Management	
<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
Political Acumen		Labour Relations	
<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
Construction and Project Management		Board and Governance	
<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
Legal		Public Affairs and Communications	
<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
Strategic Planning		Ethics	
<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced
Patient and Health Care Advocacy		Demographics	
<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced