



**Campbellford
Memorial Hospital**

Board of Directors
Policy Manual

Subject: **BOARD OF DIRECTORS
DECLARATION POLICY & FORM**

Policy # 5-100

Approved by: Board of Directors

Issue Date: February 2011

Revised (R) / Reconfirmed (RC) Dates

Oct 2012 (r); Nov 2013 (r); Oct 2018 (r) Nov 2022 (r), Nov 2025 (r)

POLICY

All Directors will review and sign the Annual Director Declaration and Consent “Declaration and Consent”

PURPOSE

By signing the Declaration and Consent, Directors confirm they consent to act as director of the Hospital, have knowledge of policies and governance documents as specified in the Declaration and Consent, including conflict of interest disclosure obligations

PROCEDURE

Annual Director Declaration and Consent

To: Campbellford Memorial Hospital (“**Hospital**”)

And To: The board of directors of the Hospital (“**Board**”)

Consent

- ☐ I am an individual elected or appointed to the Board and hereby acknowledge and declare that I:
 - consent to act as a director of the Hospital;
 - am at least 18 years of age;
 - have not been found under the *Substitute Decisions Act, 1992* or under the *Mental Health Act* to be incapable of managing property;
 - have not been found to be incapable by any court in Canada or elsewhere;
 - do not have the status of an undischarged bankrupt; and
 - am not an “ineligible individual” as defined in the *Income Tax Act* (Canada) or any regulations made under it.

- ☐ I am an individual appointed to a Board committee and consent to serve the Hospital as a non-director Board committee member.

Compliance with Policies

- ☐ I confirm that I have read and understand all of the Board-approved policies and any other applicable policies of the Hospital, as amended or supplemented from time to time (the “**Policies**”), including but not limited to:
- Purpose Statement
 - Promise Statement
 - Values
 - Roles & Responsibilities of the Board
 - Performance Expectations of Individual Board Members
 - Confidentiality
 - Conflict of Interest
 - Code of Conduct
- ☐ I agree to comply with the *Not-for-Profit Corporations Act, 2010* (the “**Act**”) and the Hospital’s articles, by-laws, and Policies (“**Governance Documents**”).

Conflicts

- ☐ [I will comply with the conflict of interest provisions in the Act](#), and Governance Documents.

Notice

Notice for Board and/or Board committee meetings may be sent to me at the address set out below:

Address:

Email:

Telephone:

Attention:

Dated this _____ day of _____, 20__.

Name (Please print):

Signature: _____

All Directors will sign the Declaration and Consent annually and no later than December 31st of each year. Signed forms will be kept by the Board secretary or designate