CAMPBELLFORD MEMORIAL MULTICARE LODGE

Application for Membership

Board of Directors/Board Committees

1. Instructions

- (a) To apply to be a member of the Campbellford Memorial Multicare Lodge 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 email to the following address:

Jessica Clarke Lodge Manager -Campbellford Memorial Multicare Lodge 174 Oliver Road Campbellford, Ontario K0L 1L0

Email - jclarke@cmh.ca

2. Applicant Contact Information

Surname:		First Name:		
Home Address:				
City:	Province	e:	Postal Code:	
Home Phone Number:		Business Phone Number:		
E- mail Address:				
Preferred Method of Contact: H	Home Phone	□ Business	Phone □	E-mail □

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) Lodge employees 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 5-10 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 lodge, and working cooperatively and respectfully with other board members. Directors must comply with all legislation governing the lodge, the lodge'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 lodge policies.

4. Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the lodge. 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 (a)	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.					
Sig	nature: 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		
□ Basic	□ Advanced	□ Basic	□ Advanced	
Business Management		Information Technology		
□ Basic	□ Advanced	□ Basic	□ Advanced	
Human Resources Management		Accounting		
□ Basic	□ Advanced	□ Basic	□ Advanced	
Health Care Administration and Policy and Health System Needs, Issues and Trends		Education		
□ Basic	□ Advanced	□ Basic	□ Advanced	
Clinical		Research		
□ Basic	□ Advanced	□ Basic	□ Advanced	
Government & Government Relations		Quality and Performance Management		
□ Basic	□ Advanced	□ Basic	□ Advanced	
Political Acumen		Labour Relations		
□ Basic	□ Advanced	□ Basic	□ Advanced	
Construction and Project Management		Board and Governance		
□ Basic	□ Advanced	□ Basic	□ Advanced	
Legal		Public Affairs and Communications		
□ Basic	□ Advanced	□ Basic	□ Advanced	
Strategic Planning		Ethics		
□ Basic	□ Advanced	□ Basic	□ Advanced	
Patient and Health Care Advocacy		Demographics		
□ Basic	□ Advanced	□ Basic	□ Advanced	