

BOARD MEMBER APPLICATION

Please return this completed form and resume by April 27th 3:00 pm to: Charlene Charles

EA to the President & CEO/Co-Ordinator Board Affairs West Haldimand and Norfolk General Hospitals 365 West St, Simcoe, ON N3Y 1T7

> Telephone: 519-426-0130 ext. 1228 Email: ccharles@ngh.on.ca

Surname:		First Name:					
Home Address:							
City:	Province:		Postal Code:				
Status: Employed: Retired:							
Home Phone #:		Business Phone #:					
E-Mail Address:							
Preferred Method of Contact: Home Phone () Business Phone () E-Mail ()							

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) Current or former hospital employees, their immediate family members, current or former medical or professional staff members are ineligible to serve as directors (unless the Board determines otherwise).
- d) A director is expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 7-10 hours per month. Reliable internet is required as meetings may be both virtual and in-person
- e) Directors must fulfill the requirements and responsibilities of their positon, 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 have their principal residence or carry-on business within the catchment area (Haldimand County)
- g) Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and hospital policies.

Conflict of Inte	rest Disclosure Statement:
space below, pl	avoid conflicts between their self-interest and their duty to the hospital. In the ease identify any relationship with any organization that may create a conflict cappearance of a conflict of interest, by virtue of being appointed to the Board.
_	
The Board seek	cills and Experience: as a complementary balance of knowledge, skills and experience. Please beas of knowledge, skills and experience by completing Schedule A to this
Please list curi	rent or prior board experience:

W	Which areas of the Board work are of particular interest to you?						
De	eclaration:						
Ву	submitting this application, I declare the following:						
-	I meet the eligibility criteria and accept the conditions of appointment set out above. I certify that the information in this application and in my resume or biographical sketch is true.						
Sid	gnature: Date:						

Schedule A

Application for Membership

(please include resume or brief bio) 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.

Knowledge, Skills, Experience	Advanced	Intermediate	Basic	None
Finance				
Business Management				
Human Resources/Labour Relations				
Health Care Administration & Policy &				
Health System Needs, Issues and				
Trends				
Clinical				
Government & Government Relations				
Political Acumen				
Diversity Issues				
Construction & Project Management				
Legal				
Strategic Planning				
Patient & Health Care Advocacy				
Risk Management				
Information Technology				
Quality & Performance Management				
Spiritual Care/Ethics				
Board & Governance				
Public Affairs & Communications				
Stakeholder Engagement				