



APPLICATION FOR MEMBERSHIP BOARD OF DIRECTORS

NAME: ADDRESS: PHONE (Home): (Office): FAX: E-MAIL: OCCUPATION/TITLE:

SKILLS AND EXPERTISE Please identify your specific skills and expertise that you believe will contribute to the Board. (Please check all that apply.)

- 1. Governance experience
2. Strategic planning experience.
3. Health care experience.
4. Understanding the diverse needs of the community served.
5. Knowledge and experience of business and management.
6. Entrepreneurial skills and experience.
7. Understanding of fiscal and financial matters.
8. Other:

REVIEW OF DIRECTORS RESPONSIBILITIES:

I confirm that I have reviewed the following and agree that if I am appointed as a director of the Hospital:

- 1. I will support the Mission, Vision and Values of the Hospital.
2. I will abide by any and all policies of the Hospital Board of Directors.
3. I will cooperate and assist the Board of Directors to fulfill its responsibilities to the Hospital.
4. I will exercise my powers and discharge my duties as a director as required by law.
5. I will submit to a criminal reference check.

REFERENCES Please supply name, address and telephone number.

1. 2. 3.

QUALIFICATION AS A DIRECTOR:

- 1. I am at least 18 years of age and a Canadian citizen.
2. I am not bankrupt.
3. I am not a member of the Hospital medical, dental, midwifery, or extended class nursing staff or employee of the Hospital.
4. I am not related to a family member who is an employee of the Hospital.
5. I live and/or work in the PSFDH catchment area.

Signature of Applicant Date

SUBMISSION OF APPLICATION

Please submit this application and a résumé with covering letter to:

Chair, Governance Committee
Perth and Smiths Falls District Hospital
c/o Karen Kelly, Executive Assistant/Board Coordinator
60 Cornelia Street West, Smiths Falls, ON K7A 2H9
Fax: 613-283-8990 E-mail: kkelly@psfdh.on.ca