



**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 Chelsea Rustan, Executive Assistant/Board Coordinator
60 Cornelia Street West, Smiths Falls, ON K7A 2H9
Fax: 613-283-8990 **E-mail:** chelsea.rustan@psfdh.on.ca