



**APPLICATION FOR  
MEMBERSHIP  
BOARD OF DIRECTORS**

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

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

- 1. Risk, Quality and Performance Management \_\_\_\_\_
- 2. Strategic planning and delivery \_\_\_\_\_
- 3. Hospital/healthcare systems \_\_\_\_\_
- 4. Capital Project Management/Oversight \_\_\_\_\_
- 5. Building collaborative relationships \_\_\_\_\_
- 6. Business Management \_\_\_\_\_
- 7. Board and Governance \_\_\_\_\_
- 8. Finance/Accounting \_\_\_\_\_
- 9. Government relations, political acumen \_\_\_\_\_
- 10. Management of large projects \_\_\_\_\_
- 11. Public engagement, communications & advocacy \_\_\_\_\_
- 12. Building Boards that reflect the community \_\_\_\_\_
- 13. Legal issues \_\_\_\_\_
- 14. Human Resources Management \_\_\_\_\_
- 15. Labour relations \_\_\_\_\_
- 16. Information technology \_\_\_\_\_
- 17. 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. \_\_\_\_\_

**QUALIFICATION AS A DIRECTOR:**

- 1. I am at least 18 years of age and a Canadian citizen. \_\_\_\_\_
- 2. I am not bankrupt \_\_\_\_\_
- 3. I have not been found to be an incapable person by any court in Canada or elsewhere or to be incapable of managing property under the Substitute Decisions Act, 1992 or Mental Health Act \_\_\_\_\_
- 4. I am not an “ineligible individual as defined in the Income Tax Act (Canada) or any regulation made under it <sup>1</sup> \_\_\_\_\_
- 5. I am not a member of the Hospital medical, dental, midwifery, or extended class nursing staff or employee of the Hospital \_\_\_\_\_
- 6. I was not a member of the Hospital medical, dental, midwifery, or extended class nursing staff or employee of the Hospital at any time in the last five years \_\_\_\_\_
- 7. I am not a spouse, child or sibling of a member of the Hospital medical, dental, midwifery, or extended class nursing staff or an employee of the Hospital or an individual who held such a position within the previous five years \_\_\_\_\_
- 8. I am not an employee, professional staff member or member of the Board for the Hospital Foundation or a spouse, child or sibling of an employee, professional staff member or member of the Board or an individual who held such a position within the previous five years \_\_\_\_\_
- 9. I live and/or carry on business in the PSFDH catchment area \_\_\_\_\_
- 10. I do not meet the criteria set out in paragraphs 5, 6, 7, 8 or 9 above but am requesting a Board resolution allowing me to serve on the Board. \_\_\_\_\_

**REFERENCES** - Please supply name, address and telephone number.

1.
2.
3.

**ACKNOWLEDGEMENT**

I acknowledge that the Board of Directors of the Perth and Smiths Falls District Hospital has full and final discretion over the selection of the Members of the Board.

\_\_\_\_\_  
**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  
**Phone:** 613-283-2330 Ext. 2501  
**E-mail:** [chelsea.rustan@psfdh.on.ca](mailto:chelsea.rustan@psfdh.on.ca)

<sup>1</sup> [Ineligible individuals - Canada.ca](http://Ineligible%20individuals%20-%20Canada.ca)