

APPLICATION FOR MEMBERSHIP

BOARD OF DIRECTORS

1. Instructions

- a) To apply to be a member of the Renfrew Victoria Hospital Board of Directors, you must complete this form and submit it with a copy of your current resume or biographical sketch.
- b) Please submit your completed form and resume or biographical sketch by mail, fax, or e-mail to the following address: Renfrew Victoria Hospital, Board Selection Committee, 499 Raglan Street, North, Renfrew, Ontario, K7V 1P6 or fax to 613- 432-0711 or email to rennicke@renfrewhosp.com.
- c) For more information about the application process, please contact Office of the President and CEO, at 613-432-4851 ext. 260.

2. 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) Directors shall be a resident or employed or carried on business in Renfrew County for a continuous period of six (6) months immediately prior to being elected as a Director.
- d) A Director is expected to commit the time required to perform Board and Committee duties. The minimum time commitment is likely 6-10 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 Hospital, and working co-operatively and respectfully with other Directors. Directors must comply with the Public Hospitals Act and other legislation governing the Hospital, the Hospital Bylaw and Policies, and other applicable rules.
- f) Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and Board and Hospital Policies.
- g) Police Criminal Record Check is required dated within the past six months.

3. Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the Hospital. Please read the Renfrew Victoria Hospital Bylaw and Board Policies. These may be accessed at www.renfrewhosp.com.

4. Declaration

By submitting this application, I declare the following:

- a) I meet the eligibility criteria and accept the conditions of appointment set out above and to the best of my knowledge, I DO NOT have a conflict of interest.
- b) I certify that the information in this application is true.

Signature: _____

Date: _____

Name:		
Address:		
Telephone Numbers:	Home:	Cell:
	Business:	Email:
Languages Spoken:		
What are the three most important reasons why you would like to be a member of the RVH Board of Directors?		
1.		
2.		
3.		
Please list any current or prior Board experience you possess, in either the private or public sector.		
Which areas of RVH Board work are of particular interest to you and why?		
Please describe any linkages you have, or have had, with other health care groups within the community.		
<i>Please attach a resume and biographical sketch</i>		
Date:	Signature:	

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 checking off the relevant boxes in the table below. It is not expected that you possess strengths in all areas, therefore please indicate only those areas that apply to you.

Knowledge, Skill or Experience	Basic	Intermediate	Advanced
Accounting/Finance			
Board Governance			
Business Management			
Clinical			
Construction/Project Mgmt			
Diversity Issues			
Education			
Ethics			
Government & Gov't Relations			
Healthcare Administration & Policy			
Human Resources Mgmt/Labour Relations			
Information Technology			
Legal			
Patient & Health Care Advocacy			
Political Acumen			
Public Affairs, Communications & Stakeholder Engagement			
Quality & Patient Safety Management			
Quality & Performance Management			
Research			
Risk Management			
Strategic Planning			

Please describe other knowledge, skills, or experience that you feel you will bring to the board:
