



APPLICATION FOR BOARD MEMBERSHIP

Thank you for your interest in advancing the mission of Sensenbrenner Hospital as a governance volunteer. We respectfully ask you to complete this form to assist our Governance Committee to fulfill the difficult task of selecting candidates for nomination whose experience, skills and personal attributes best meet the identified needs of our organization in this election year.

Instructions

Please complete this form and submit it with a copy of your current resume or a brief biological sketch by mail, fax or email to the following address:

Mail: Sensenbrenner Hospital
Governance Committee
c/o Natasha Major, Executive Assistant
101 Progress Crescent
Kapuskasing, ON P5N 3H5

Email: nmajor@senhosp.ca

Fax: 705-337-4021

Questions: 705-337-4045 ext. 2121 or visit our website at www.senhosp.ca

Applicant Information

First Name:		Last Name:	
Occupation:			
Home Address:			
City:	Province:		Postal Code:
Home/Cell Phone Number:		Business Phone Number:	
Email Address:			
Preferred Method of Contact: <input type="checkbox"/> Home/Cell Phone <input type="checkbox"/> Business Phone <input type="checkbox"/> Email			
Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:			

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. A director is expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 10-15 hours per month, for a term not exceeding three (3) years.
- d. Directors must fulfill the requirements and responsibilities of their position – for example, preparing for and attending board and committee meetings, upholding their fiduciary obligations and working cooperatively and respectfully with other board members. Directors must comply with legislation governing the hospital, its by-laws and policies, and all other applicable rules.
- e. Directors must sign a declaration confirming their agreement to adhere to their fiduciary duties and board and corporate policies.
- f. Directors will be expected to supply a Criminal Record Check and references.

Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the hospital. In the space below, please identify any relationship with any business or organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the Board.

Knowledge, Skills, and Experience

Based on your understanding of the Roles and Responsibilities of the Board of Directors and Individual Directors and the Guidelines for Selection of Directors, please outline the reasons for your interest in serving on the Board.

Previous Governance Experience

Please list current or prior board 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 knowledge, skills or experience in all the areas set out below.

Knowledge, Skill or Experience	None (0)	Beginner (1)	Intermediate (2)	Advanced (3)
Accounting & Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board & Governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction & Project Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversity Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government & Government Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care and/or Not-for-Profit Administration & Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resources Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indigenous Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labour Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken and written – English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Languages spoken and written – French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient & Health Care Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Affairs & Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality & Patient Safety Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stakeholder Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe other knowledge, skills or experience that you will bring to the Board:

Which areas of board work are of particular interest to you?

Please describe any associations you have or may have had with other health care groups within the community.

References

Please list three reference and contact information.

Name	Phone Number	Email

Declaration

By submitting this application, I declare the following:

- a. I meet the eligibility criteria and accept the conditions of appointment set out above;
- b. I have read and agree to comply with the following:
 - i. Position Description – Board of Directors
 - ii. Board Code of Conduct – Code of Business Conduct and Ethics
 - iii. Conflict of Interest Policy
 - iv. Criminal Record Check Policy
 - v. Confidentiality Policy
- c. I certify that the information in this application and in my resume or biographical sketch is true.

Signature: _____ Date: _____