

Application for Board Membership – Sensenbrenner Hospital

Board of Directors/Board Committees

1. Instructions

- a. To apply to be a member of the Sensenbrenner Hospital board of directors, you must complete this form and submit it with a copy of your current resume or a brief biographical sketch (as well as the name and contact information of three references).
- b. Please submit your completed form and resume or biographical sketch as well as the name and contact information of three references by mail, fax, or email to the following address: Sensenbrenner Hospital, 101 Progress Crescent, Kapuskasing, ON, P5N 3H5, Fax: 705-337-4021, Email: info@senhosp.ca.
- c. For more information about the application process, please contact: Natasha Major, 705-337-6111 ext. 2121, nmajor@senhosp.ca

2. Applicant Contact Information

Surname:		First Name:	
Home Address:			
City:	Province:	Postal Code:	
Home/Cell Phone Number:		Business Phone Number:	
Email Address:			
Preferred Method of Contact: Home Phone <input type="checkbox"/>		Business Phone <input type="checkbox"/>	Email <input type="checkbox"/>

3. 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. Must be a member in good standing of the Corporation as per Hospital by-laws.
 - i. A person who has donated or who donates one hundred dollars (\$100) in any one year to the Corporation shall be a Life Member;
 - ii. A person, 18 years of age and over, who pays the annual membership fee of five dollars (\$5) to the Corporation in any one fiscal year, shall be a member of the Corporation for that fiscal year.
 - iii. New memberships must be paid in full thirty (30) days prior to the Annual Meeting.
- d. 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.
- e. 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.

- f. Directors must sign a declaration confirming their agreement to adhere to their fiduciary duties and board and corporate policies.
- g. Directors will be expected to supply a Criminal Record Check and references.

4. 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 organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

5. Knowledge, Skills, and Experience

- a. The board seeks a complementary balance of knowledge, skills and experience. Please indicate your areas of knowledge, skills and experience by completing Schedule A to this application or by listing these below.

- b. Please list current or prior board experience.

- c. Which areas of board work are of particular interest to you?

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

6. 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: _____

Application for Membership: Schedule A

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 in the table. Please indicate only those areas that apply to you.

Knowledge, Skill or Experience	None (0)	Beginner (1)	Intermediate (2)	Advanced (3)
Accounting & Finance				
Board & Governance				
Clinical				
Construction & Project Management				
Diversity Issues				
Education				
Ethics				
Government & Government Relations				
Health Care Administration & Policy				
Human Resources Management				
Indigenous Culture				
Information Technology				
Labour Relations				
Language spoken and written: English				
Language spoken and written: French				
Legal				
Patient & Health Care Advocacy				
Performance Management				
Public Affairs & Communications				
Quality & Patient Safety Management				
Risk Management				
Stakeholder Engagement				
Strategic Planning				

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