

Application for Membership

WDMH Board of Directors/Board Committees

SECTION 1 – INSTRUCTIONS

- To apply to be a member of the Winchester District Memorial Hospital Board of Directors you must complete the attached form and submit it with a copy of your current resume, or biographical sketch by email to Sheila Chase at schase@wdmh.on.ca or by mail to: 566 Louise Street, Winchester, ON, K0C 2K0 Attn: Sheila Chase

SECTION 2 – APPLICANT CONTACT INFORMATION

Surname: _____ First Name: _____
 Phone Number: _____ Bus. Phone Number: _____
 Home Address: _____
 Email Address: _____

SECTION 3 – ELIGIBILITY CRITERIA AND CONDITIONS OF APPOINTMENT

- Directors must be at least 18 years of age
- Undischarged bankrupts are ineligible to serve as directors
- Directors must agree to become a voting Member in good standing of the Corporation
- A director is expected to commit to at least a three-year term
- 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 Board members. Directors must comply with the *Public Hospitals Act* and other legislation governing the Hospital, the Hospital's by-laws and policies, and all other applicable rules.
- Please refer to WDMH Bylaws for further details concerning the roles and responsibilities of directors

SECTION 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.

SECTION 5 – OTHER BOARDS

List any Boards on which you serve or have served:

SECTION 6 – VOLUNTEER ACTIVITIES

List any other volunteer activities, and your role:

SECTION 7 – KNOWLEDGE SKILLS AND EXPERIENCE

Of the following skills, which three would best describe your strengths?

Finance <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Risk Management <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Business Management <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Information Technology <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Human Resources Management <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Accounting <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Patient & Health Care Advocacy <input type="checkbox"/> Basic	Education <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Clinical <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Research <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Government and Government Relations <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Quality and Performance Management <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Demographics <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Labour Relations <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Construction and Project Management <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Board of Governance <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Legal <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Public Affairs & Communication <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Strategic Planning <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Ethics <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Health Care Administration and Policy and Health System Needs, Issues, and Trends <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	

In a short paragraph, summarize one accomplishment that illustrates these skills

SECTION 8 – HEALTH CARE KNOWLEDGE

Do you have any experience in the Health Care System?
If so, provide details.

In a short paragraph, describe your interests in the health care system.

SECTION 9 – ADDITIONAL INFORMATION

Record any other pertinent information you wish to share with us.

SECTION 10 – 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 certify that the information in this application is true.

Signature: _____

Date: _____