



## **APPLICATION FOR MEMBERSHIP**

### **Board of Directors/Board Committees**

#### **1. Instructions**

- a) To apply to be a member of the Renfrew Victoria Hospital Board of Directors, you must complete this form.
- b) Please submit your completed form by mail, fax, or e-mail to the following address: Renfrew Victoria Hospital, Governance Committee, 499 Raglan Street, North, Renfrew, Ontario, K7V 1P6 or fax to 613-432-0711 or email to [buttles@renfrewhosp.com](mailto:buttles@renfrewhosp.com).
- c) The deadline for applications is **MARCH 5, 2010**.
- d) For more information about the application process, please contact: Randy Penney, 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 10-15 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) The successful applicant will be required to provide a criminal record check.

#### **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](http://www.renfrewhosp.com).

#### **4. 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 completing Schedule A below.

#### **5. 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: \_\_\_\_\_

## 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, skill or experience in *all* the areas set out in the table. Please indicate only those areas that apply to you.

**A = Highly knowledgeable or proficient in the area**

**B = Not an expert but have a strong working knowledge of the area**

**C = Have some understanding of the subject**

**D = No real knowledge**

|   |  |
|---|--|
| <b>Finance and Accounting</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D  | <b>Board and Governance</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D               |
| <b>Business Management</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D   | <b>Personnel</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D                          |
| <b>Human Resources Management</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D  | <b>Labour Relations</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D                   |
| <b>Health care administration and policy and health system needs, issues, and trends</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D | <b>Ethics</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D                             |
| <b>Demographics</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D  | <b>Public Affairs and Communications</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D  |
| <b>Information Technology</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D  | <b>Quality and Performance Management</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D |
| <b>Education</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D   | <b>Continuous Quality Improvement</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D     |
| <b>Construction and Project Management</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D   | <b>Clinical</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D                           |
| <b>Legal</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D   | <b>Patient and Health Care Advisory</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D   |
| <b>Strategic Planning</b><br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D  |  |

I provide the following information with respect to my application for member on the Board.

|   |            |       |
|---|------------|-------|
| Name:   |            |       |
| Address:  | Business:  |       |
|   |            |       |
|   | Home:      |       |
| Telephone Numbers:  | Business:  | Home: |
| Facsimile Numbers:  | Business:  | Home: |
| E-Mail Address(es):   |            |       |
|   |            |       |
| What skills/areas of expertise do you offer to the RVH Board?                                       |            |       |
|   |            |       |
|   |            |       |
|   |            |       |
|   |            |       |
| Which areas of RVH Board work are of particular interest to you and why?                            |            |       |
|   |            |       |
|   |            |       |
|   |            |       |
| List current or prior Board experience:   |            |       |
|   |            |       |
|   |            |       |
|   |            |       |
| Please describe any linkages you may have had with various health care groups within the community: |            |       |
|   |            |       |
|   |            |       |
|   |            |       |
| <b>Please attach a biographical sketch.</b>   |            |       |
| Date:   | Signature: |       |