

APPLICATION FOR MEMBERSHIP - BOARD OF DIRECTORS



To apply to be a member of the Hôpital Glengarry Memorial Hospital Board of Directors, you must complete this form and submit it with a copy of your current resume or a brief biographical sketch. Please submit your completed documentation by mail, fax, or email to the following address:

HGMH Administration
20260 County Road 43
Alexandria, ON K0C 1A0
Fax: 613.525.5673
Email: info@hgmh.on.ca

For more information about the application process, please contact the Executive Administrative Assistant by calling 613.525.2222 x4104 or by emailing the address above.

I provide the following information with respect to my application for membership on the board.

Note: Please note this is strictly a volunteer position with no remuneration.

Name:		
Addresses:	Business:	
	Home:	
Telephone Numbers:	Business:	Home:
Facsimile Numbers:	Business:	Home:
E-Mail Address(es):		
Please list current or prior board experience:		
Which areas of board work are of particular interest to you?		
Languages spoken:	Native language:	
Languages written:		
Please describe any linkages you may have had with various health care groups within the community:		

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Diversity Self-Assessment

HGMH gathers demographic information to help understand and assess the diversity of perspectives represented on the Board. While we acknowledge that race, ethnicity, and culture are socially constructed concepts, we invite you to share information about your age, gender identity, sexual orientation, and the communities you identify with. These aspects can enrich and complement the perspectives shaped by your experience and expertise.

Age:

- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-75
- Over 75

Gender - How do you identify?

- Man
- Woman
- Non-Binary
- Transgender Man
- Transgender Woman
- Genderfluid or Genderqueer
- Two-Spirit
- Questioning or unsure
- Another gender identity (please specify): _____
- Prefer not to answer

Sexual Orientation - Do you consider yourself to be:

- Asexual
- Bisexual
- Gay
- Lesbian
- Pansexual
- Queer
- Questioning or unsure
- Same-gender loving
- Straight/Heterosexual
- Two-Spirit
- Another sexual orientation (please specify): _____
- Prefer not to answer

Which of the following best describes your racial or ethnic group? (Check all that apply)

- Arab, Middle Eastern or West Asian
- Black
- East Asian
- Jewish
- Latin American
- South Asian
- Southeast Asian
- White
- Indigenous
- Do not know
- Prefer not to answer
- Another race/ethnic group (please specify): _____

Person with a disability:

- Yes
- No
- Prefer not to answer

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.

Eligibility Criteria and Conditions of Appointment

- (a) Directors must be at least 18 years old.
- (b) Directors must be members of the corporation.
- (c) Undischarged bankrupts are ineligible to serve as directors.
- (d) No member of the medical staff or dental staff or employee of the Hospital shall be eligible for election or appointment to the Board except as where otherwise provided in the By-laws.
- (e) No spouse of any person included in (c) above shall be eligible for election or appointment to the Board, except

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- by resolution of the Board.
- (f) 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. The term will be either for 2 years or 3 years.
 - (g) 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.
 - (h) Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and hospital policies, as well as a confidentiality form.

Please refer to Duties and Expectations of a Director for further details.

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 to this application.

Police Check

The final step to becoming a director is receipt of a favourable vulnerable sector criminal reference check.

Please attach an up-to-date resumé.	
_____	_____
Date	Signature

You may be asked to come for an interview. If selected by the nominating committee, the applicant will be notified to be present at the Annual Meeting when/if voting is to take place. You will also be notified if you are not selected.

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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.**

	Advanced = 4	Very Good = 3	Good = 2	Fair = 1	None = 0
Finance					
Business Mgmt					
Human Resources Mgmt					
Health Care Admin & Policy					
Clinical					
Government & Gov Relations					
Political Acumen					
Construction & Project Management					
Legal & Public Policy					
Strategic Planning					
Risk Management					
Information Technology					
Accounting					
Education					
Research					
Quality & Performance Management					
Labour Relations					
Board & Governance					
Public Affairs & Communications					
Ethics					
Patient & Health Care Advocacy					
Diversity, Equity & Inclusion					
Quality & Patient Safety Management					
Stakeholder Engagement					