

# Application for Membership

## WDMH Board of Directors/Board Committees

### 1. Instructions

- (a) To apply to be a member of the Winchester District Memorial Hospital Board of Directors you must complete this form and submit with a copy of your current resume or a brief biographical sketch.
- (b) Please submit your completed form and resume or biographical sketch by mail, fax, or e-mail to the following address: mail to: 566 Louise Street, Winchester, ON K0C 2K0 – Attention Chris Barkley; fax to (613) 774-0453, email to: [cbarkley@wdmh.on.ca](mailto:cbarkley@wdmh.on.ca).
- (c) The deadline for application is June 1, 2018.
- (d) For more information about the application process, please contact Chris Barkley at (613) 774-2420, extension 6350.

### 2. Applicant Contact Information

Surname:		First Name:	
Home Address:			
City:	Province:		Postal Code:
Home Phone Number:		Business Phone Number:	
E-mail Address:			

### 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) Directors must agree to become a voting Member in good standing of the Corporation
- (d) A director is expected to commit to at least a three-year term
- (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 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.
- (f) Please refer to WDMH Bylaws for further details concerning the roles and responsibilities of directors.

### 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. List the Boards on which you serve / have served:

### 6. List any other volunteer activities and your role:

## 7. Knowledge, Skills, and Experience

Of the following skills, which 3 would best describe your strengths?

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

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

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8. Have you experience in the Health Care System? If so, provide details.

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

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

## 11. 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 and in my resume or biographical sketch is true.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_