

# 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 Amy Lafleche [alafleche@wdmh.on.ca](mailto:alafleche@wdmh.on.ca) or by mail to: 566 Louise Street, Winchester, ON, K0C 2K0 Attn: Amy Lafleche

### 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 the 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?

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