

Thank you for your interest in serving as a governance volunteer for the Board of Directors of Nipigon District Memorial Hospital. Please review the section below, complete the application and submit it along with your current resume to:

[admin@ndmh.ca](mailto:admin@ndmh.ca)

Executive Coordinator

Nipigon District Memorial Hospital, PO Box 37, Nipigon, ON P0T 2J0

**Eligibility Criteria and Conditions of Appointment**

* Must be at least 18 years of age
* Have not been found under the Substitute Decision Act, 1992 or under the *Mental Health* *Act* to be incapable of managing property
* Have not been found to be incapable by any court in Canada or elsewhere
* Does not have a status of bankrupt
* Must have their principle residence, or carry on business within the area of Noojmawing Sookatagaing Ontario Health District area
* Is not an “ineligible individual” as defined in the Income Tax Act (Canada) or any regulation made under it
* Is not a current employee, the spouse of an employee, or Professional Staff member of Nipigon District Memorial Hospital

**Role and Expectations Commitment**

**First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Language Proficiency - English ( ) French ( ) Other ( )** |

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| **1. Educational Background** Please indicate institution attended, degree or credentials  attained and year of completion. |

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| **2. Professional and Employment Background** Please provide a chronology of all relevant  work experience starting with the most recent. Indicate employer, your title/position, the  dates you held the position and a summary of your responsibilities. |

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| **3. Community Involvement** Please include the name of the organization served, your  position and the dates you were involved. |

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| **4. Memberships in professional organizations** *(if applicable)* |

**5. Conflict of interest Disclosure Statement** Directors must avoid conflicts between their self

interest and the 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 of Board Committees.

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| **6. Additional information** State experience which will support your ability to serve  effectively as a member of the Board of Directors of Nipigon District Memorial Hospital  and Nipigon District Family Health Team. |

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| **7. References** Please provide the names and contact information for two persons who  could provide a reference for you. Include name, occupation, address and phone  number. |

**A skills inventory is a compilation of the skills, education and experiences that Board directors bring to the Hospital. Tracking the skills and abilities of our Directors allows the Hospital to identify skills gaps and be seen as opportunities for board learning.**

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| **Knowledge, Skills and Experience**  Please indicate your current knowledge, skills and experience for each category |

**Advanced = 3 Immediate = 2 Beginner = 1 None = 0**

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|  | Advanced  3 | Good  2 | Fair  1 | None  0 |
| Financial Literacy |  |  |  |  |
| Government |  |  |  |  |
| Strategic Planning |  |  |  |  |
| Legal Skills |  |  |  |  |
| Safe, Quality Care |  |  |  |  |
| Occupational Health and Safety |  |  |  |  |
| Human Resources and Compensation |  |  |  |  |
| Health Care |  |  |  |  |
| Long Term Care |  |  |  |  |
| Community Relations |  |  |  |  |
| Risk Management |  |  |  |  |
| Diversity |  |  |  |  |
| Advocacy |  |  |  |  |

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

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