

Board of Director/Community Member Application Form

1. Instructions

- a. Please submit your completed form, cover letter and resume by email to Kavitha Shanmugarajah at kshanmugarajah@msh.on.ca.
- b. The deadline for applications is January 4, 2021.
- c. For more information about the application process, please contact: Kavitha Shanmugarajah, Board Liaison, 905-472-7092 or kshanmugarajah@msh.on.ca

2. Applicant Contact Information

Surname:		First Name:	
Home Address:			
City:	Province:	Postal Code:	
Home/Cell Phone Number:		Business Phone Number:	
Email Address:			
Work Address:			
City:	Province:	Postal Code:	
Preferred Method of Contact: Home/Cell Phone <input type="checkbox"/>		Business Phone <input type="checkbox"/>	Email <input type="checkbox"/>



3. Eligibility Criteria and Conditions of Appointment

- i. be an individual who is at least eighteen (18) years of age;
- ii. not have the status of a bankrupt;
- iii. not be a person who has been found under the *Substitute Decisions Act, 1992* or under the *Mental Health Act* to be incapable of managing property;
- iv. not be a person who has been declared incapable by any court in Canada or elsewhere;
- v. No member of the Professional Staff or their *Associates are eligible;
- vi. No employee of the Hospital or their *Associates are eligible;
- vii. Directors must sign a declaration confirming their agreement to adhere to their fiduciary duties and board and corporate policies.

* **Associates** in relation to an individual means the individual's children, parents, siblings, spouse, or common law partner, and includes any organization, agency, company, or individual (such as a business partner) with a formal relationship to the individual

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 or Board Committees.



5. 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.

Please list current or prior board experience.

Which areas of board work are of particular interest to you?

Please describe your background and experience that is related to the affairs and operations of the hospital.

Please attach a current resume.

Signature: _____ Date: _____

Board of Directors/ Community Members Application Form – Schedule A

Please rate your knowledge, skills and experience for the skills listed below.

Skill Ratings description:

Expert – Fully capable and experienced; sought out for expertise and advice by others (externally)

Highly Knowledgeable – Capable and Experienced

Moderately Knowledgeable – Some direct experience

No Background in this area – Little or no experience; no capability

Knowledge, Skill or Experience	Expert	Highly Knowledgeable	Moderately Knowledgeable	No Background in this Area
Board Experience/ Governance				
Audit				
Diversity				
Financial Management				
Clinical / Healthcare				
Relationship Building (Management and External Stakeholders)				
Ethics				
Foundation/Fundraising				
Government Relations/Political Strategy				
Human Resources / Labour Relations				
Information System Management / Technology				
Legal				
Marketing				
Operations Management				
Public Relations & Communications				
Quality				
Research				
Risk Management				
Redevelopment				
Strategy				



Describe other knowledge, skills or experience that you will bring to the board:
