



## **APPLICATION FOR MEMBERSHIP to BOARD OF DIRECTORS**

### **1. Instructions**

- a) To apply to be a member of the St. Francis Memorial Hospital Board of Directors, you must complete this form.
- b) Please submit your completed form by mail, fax, or e-mail to the following address: St. Francis Memorial Hospital, Governance Committee, 7 St. Francis Memorial Drive, P.O. Box 129, Barry's Bay, ON, K0J 1B0 or fax to 613-756-0106 or email to [pecarskiej@sfmhosp.com](mailto:pecarskiej@sfmhosp.com).
- c) For more information about the application process, please contact: Roger Paul, Governance Committee Chair at (613) 633-7166

### **2. 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 shall be a resident or employed or carried on business in Renfrew County for a continuous period of six (6) months immediately prior to being elected as a Director.
- d) 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.
- 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 Directors. Directors must comply with the Public Hospitals Act and other legislation governing the Hospital, the Hospital Bylaw and Policies, and other applicable rules.
- f) Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and Board and Hospital Policies.

### **3. Conflict of Interest Disclosure Statement**

Directors must avoid conflicts between their self-interest and their duty to the Hospital. Please read the St. Francis Memorial Hospital Bylaw and Board Policies. These may be accessed at [www.sfmhosp.com](http://www.sfmhosp.com)

### **4. Declaration**

By submitting this application, I declare the following:

- a) I meet the eligibility criteria and accept the conditions of appointment set out above and to the best of my knowledge, I DO NOT have a conflict of interest.
- b) I certify that the information in this application is true.

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

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

