



170 Colborne Street West
Orillia, Ontario
L3V 2Z3

Board of Directors Candidate Form 2019/20

1. Instructions

- (a) To apply to be a member of the Orillia Soldiers' Memorial Hospital board of directors, you must complete this form and submit it 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:
Attn: Cathie Easton
Orillia Soldiers' Memorial Hospital
170 Colborne Street
Orillia, Ontario L3V 2Z3
Fax No.: 705-325-7953
Email: cdeaston@osmh.on.ca
- (c) For more information about the application process, please contact: Cathie Easton, EA to the President & CEO and Board Liaison at 705-325-2201 ext 3203 or via email at cdeaston@osmh.on.ca.

2. Applicant Contact Information

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

3. Eligibility Criteria and Conditions of Appointment

- (a) Directors must be 18 years old.
- (b) Undischarged bankrupts are ineligible to serve as directors.
- (c) No member of the Credentialed Staff or employee of the Hospital shall be eligible for election or appointment to the board except as otherwise provided in the OSMH By-laws.
- (d) No employee of the Hospital shall be eligible for election or appointment to the Board unless mandated by or expressly permitted by the OSMH By-laws, provincial statute or regulation.
- (e) No spouse, child, parent, brother or sister of any person identified in (c) or (d), nor the spouse of any such child, parent, brother or sister shall be eligible for election or appointment to the Board, except by resolution passed by the Members at an AGM or special meeting.



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- (f) A person who is not a Member of the Corporation may not be a Director, either elected or ex-officio.
- (g) Prospective Hospital Board members will be required to complete a police records check and a vulnerable sector check to the satisfaction of the Chair of the Nominating Committee
- (h) A director is expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 15 to 20 hours per month.
- (i) Directors must fulfill the requirements and responsibilities of their position – for example, preparing for and attending board and committee meetings, upholding their fiduciary obligations and working cooperatively and respectfully with other board members. Directors must comply with legislation governing the corporation, the corporation's by-laws and policies, and all other applicable rules.
- (j) Directors must sign a declaration confirming their agreement to adhere to their fiduciary duties and board and corporate policies.

4. Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the corporation. 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.



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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 or by listing below.

Please list current or prior board experience:

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

Please describe any linkages you have or may have had with other health care groups within the community:

Please provide the names and addresses of two references other than family members. Please include a reference that could provide information based on your governance experience:

Name:		Name:	
Contact Info:	Phone:	Contact Info:	Phone:
	Email:		Email:



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6. Declaration

By submitting this application I declare the following:

1. I meet the eligibility criteria and accept the conditions of appointment set out above;
2. I have read and agree to comply with the following:
 - a. Board of Directors Policy Duties and Expectations of the Board Member
 - b. Board Code of Conduct
 - c. Conflict of Interest as identified on OSMH By-laws Section 18.
3. I certify that the information in this application and in my resume or biographical sketch is true.

Signature: _____

Date: _____



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Application for Membership: Schedule A

Knowledge, Skills and Experience

Please indicate your areas of knowledge, skills and experience by checking off the relevant boxes in the table below. It is not expected that you possess knowledge, skills or experience in all the areas set out in the table. **Please indicate only those areas that apply to you.**

Knowledge, Skill or Experience	Basic	Intermediate	Advanced
Accounting			
Board & Governance			
Business Management			
Clinical			
Construction & Project Management			
Diversity Issues			
Education			
Ethics			
Finance			
Government & Government Relations			
Health Care Administration & Policy			
Human Resources Management			
Information Technology			
Labour Relations			
Legal			
Patient & Health Care Advocacy			
Political Acumen			
Public Affairs & Communications			
Quality & Patient Safety Management			
Quality & Performance Management			
Research			
Risk Management			
Stakeholder Engagement			
Strategic Planning			



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