170 Colborne Street West
Orillia, Ontario L3V 2Z3
Board of Directors Candidate Form – 2026-2027

Instructions

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 and the Board Skills Matrix Schedule A.

Please submit your completed documents by e mail or you may drop off at the OSMH Volunteer Information Desk to the following address:

Attn: Sue Colwell
Executive Assistant to the President & CEO
Orillia Soldiers' Memorial Hospital
170 Colborne Street West, Orillia, Ontario L3V 2Z3
705-325-2201 Ext 3699
Email: SEColwell@osmh.on.ca

Applicant Contact Information

Surname:	First Name:	
Home Address:		
City:	Province: ON	Postal Code:
Home Phone Number:	Business Phone Number:	
Email Address:		
Preferred Method of Contact: Home Phone ☐	Business Phone ☐	Email ☐

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 statue 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.

f) Prospective Hospital Board members will be required to complete a Criminal Record Check (CRC) to the satisfaction of the Chair of the Nominating Committee.
g) 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.
h) 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.
i) Directors must sign a declaration confirming their agreement to adhere to their fiduciary duties and board and corporate policies.

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 or place of employment that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

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 Board Skills Matrix to this application and by listing below.

Please list current or prior board experience:

Please identify your highest level of learning:

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:

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

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:	

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 Policy
    c. Conflict of Interest as identified on OSMH By-laws Article 5.
3. I certify that the information in this application and in my resume or biographical sketch is true.

Signature: _____ Date: _____