



APPLICATION FOR Board of Directors/Board Committees

INSTRUCTIONS:

To apply to be a member of the Ross Memorial Hospital Board of Directors or a Community Representative on a Standing Committee of the Board, please complete the attached form and submit it with a covering letter and a copy of your current resume. Please include names and contact information for at least three references.

Please submit your full application via email quoting “RMH Board Recruitment” in the subject line to tfierheller@rmh.org

The application deadline is **March 28, 2024**.

Applicants will be considered for Board of Directors membership or Community Representative membership on one of the Board’s Standing Committees. This is based on annual Board recruitment needs.

ELIGIBILITY CRITERIA AND CONDITIONS OF APPOINTMENT:

- (a) Board and Committee members must be at least 18 years old.
- (b) Undischarged bankrupts are ineligible to serve as Board or Committee members.
- (c) Board and Committee members must have their principle residence in or be employed by or operate a business/organization located within the City of Kawartha Lakes, Haliburton County or Brock Township in the Regional Municipality of Durham.
- (d) No current or previous (within the preceding 3 years) employee or member of the Professional Staff of the Hospital shall be eligible for election or appointment to the Board.
- (e) No spouse, child, parent, brother or sister of any person included in Clause (d) above, nor the spouse of any such child, parent, brother or sister shall be eligible for election or appointment to the Board.
- (f) Board or Committee members are expected to commit the time required to perform Board and/or Committee duties. The minimum time commitment is approximately 8 to 10 hours per month for Board members and 4 hours per month for Community Representatives on Board Standing Committees.
- (g) Board and Committee members must fulfill the requirements and responsibilities of their position, including preparing for and attending Board and/or Committee meetings, upholding their fiduciary obligation to the Hospital, and working co-operatively and respectfully with other Board members. Board and Committee members must comply with the *Public Hospitals Act* and other legislation governing the Hospital, the Hospital’s by-laws and policies, and all other applicable rules.
- (h) Board and Committee members must provide proof of COVID-19 vaccination.
- (i) Board and Committee members must provide a police check.
- (j) Board and Committee members must sign a Declaration confirming their agreement to adhere to their fiduciary duties and Board and Hospital policies.

For more information about the application process or hospital governance, please visit <https://rmh.org/about-ross-memorial/board-of-directors> or contact the Board Office at tfierheller@rmh.org or 705-324-6111 ext. 4272.



APPLICANT CONTACT INFORMATION:

Surname:		First Name:	
Home Address:			
City:	Province:	Postal Code:	
Phone No:		E-mail Address:	
Preferred Method of Contact: Phone <input type="checkbox"/> Email <input type="checkbox"/>			

Conflict of Interest Disclosure Statement

Board and Committee members 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/Committee.

Knowledge, Skills and Experience

The Board seeks a complementary balance of knowledge, skills and experience. To this end, all current and potential Board members are asked to identify areas of knowledge, skills and experience by completing **Page 3** to this application.

Declaration:

By submitting this application, I declare the following:

- (a) I meet the eligibility criteria and accept the conditions of appointment set out above;
- (b) I certify that the information in this application and in my resume or biographical sketch is true.

Signature: _____
(typed name is sufficient)

Date: _____



**BOARD MEMBER SELF ASSESSMENT
KNOWLEDGE, SKILLS AND EXPERIENCE**

Name: _____

Please identify your degree of knowledge, skills and experience using the rating scale outlined below.

It is not expected that you possess knowledge, skills and experience in all the areas set out in the table.

Advanced – Formal education/certification in this field...

Good – A good understanding and experience with the area...

Fair – A general/basic level of understanding and some exposure to the area...

None – Minimal exposure and no experience in the area...

Place an X in the appropriate column beside each area below.	Advanced	Good	Fair	None
Finance				
Business Management				
Human Resources Management				
Health Care Administration/Policy and Health System Needs/Issues/Trends				
Clinical				
Government & Government Relations				
Political Acumen				
Construction and Project Management				
Legal				
Strategic Planning				
Community Health Services Linkages				
Risk Management				
Information Technology				
Accounting				
Education				
Quality & Safety				
Labour Relations				
Board and Governance				
Public Affairs and Communications				
Ethics				