



## Application for Board Director



Nipigon District Memorial Hospital / Nipigon District Family Health Team

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Thank you for your interest in serving as a governance volunteer for the combined Board of Nipigon District Memorial Hospital and the Nipigon District Family Health Team.

Please complete this form and submit it with a copy of your current resume or a brief biological sketch by mail or email to:

Executive Assistant/Board Liaison  
Nipigon District Memorial Hospital  
PO Box 37  
Nipigon, ON P0T 2J0  
[admin@ndmh.ca](mailto:admin@ndmh.ca)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Language Proficiency - English ( ) French ( ) Other ( )

### Eligibility Criteria and Conditions of Appointment

- Director must be at least 18 years old
- Those who have had the status of bankrupt are ineligible to serve as a directors.
- “Ineligible individual” as defined by the Income Tax Act may not serve as a director.
- Directors are expected to commit the time required to perform board and committee duties. The minimum time commitment is likely 3-5 hours per month.
- 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.
- Directors must sign a Declaration confirming their agreement to adhered to their fiduciary duties and board and corporate policies.
- Directors must complete and obtain a Police Records Check.

**1. Educational Background** Please indicate institution attended, degree or credentials attained and year of completion.

**2. Professional and Employment Background** Please provide a chronology of all relevant work experience starting with the most recent. Indicate employer, your title/position, the dates you held the position and a summary of your responsibilities.

**3. Community Involvement** Please include the name of the organization served, your position and the dates you were involved.

**4. Memberships in professional organizations** *(if applicable)*

**5. Conflict of interest Disclosure Statement** Directors must avoid conflicts between their self interest and the 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 of Board Committees.

**6. Additional information** State experience which will support your ability to serve effectively as a member of the Board of Directors of Nipigon District Memorial Hospital and Nipigon District Family Health Team.

**7. References** Please provide the names and contact information for two persons who could provide a reference for you. Include name, occupation, address and phone number.

A skills inventory is a compilation of the skills, education and experiences that Board directors bring to the Hospital. Tracking the skills and abilities of our Directors allows the Hospital to identify skills gaps and be seen as opportunities for board learning.

**Knowledge, Skills and Experience**

Please indicate your current knowledge, skills and experience for each category

**Advanced = 3      Immediate = 2      Beginner = 1      None = 0**

	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>
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				
Patient & Health Care Advocacy				
Political Acumen				
Public Affairs & Communications				
Quality & Patient Safety Management				
Quality & Performance Management				
Research				
Risk Management				
Stakeholder Engagement				
Strategic Planning				

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

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