

## Application for Board Director

### Nipigon District Memorial Hospital / Nipigon District Family Health Team

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Applications are being accepted from interested member of our communities to fill vacancies as they arise. A strong desire to advance health system performance and to promote safe, quality health care - are candidate attributes.

The Board is comprised of 7 Directors. Regular meetings of the Board are held on a monthly basis excluding the months of December, July and August.

Please complete the following application and submit to:

Executive Assistant,  
Nipigon District Memorial Hospital  
Box 37, Nipigon, ON PoT 2Jo  
[admin@ndmh.ca](mailto:admin@ndmh.ca)

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

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

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

**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. Additional information** *State experience which will support your ability to serve effectively as a member of the Board of Directors of Nipigon Hospital.*

**6. 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.*

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

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