

Recruitment Application Form:

Committee Member position

1. Instructions

- (a) To apply to be appointed as a Committee Member with the St. Thomas Elgin General Hospital Board of Directors, you must complete this application form and submit it with a copy of your current resume.
- (b) Please submit your completed application form and resume by mail, fax or e-mail using the contact information below:

Attention:

Andrea McNaughton, Board Coordinator

St. Thomas Elgin General Hospital

189 Elm Street

St. Thomas, ON N5R 5C4

Bus: 519-631-2030 x 2896

Fax: 519-637-3212

E-mail: andrea.mcnaughton@stegh.on.ca

- (c) The deadline for this application is to be determined annually.
- (d) For more information about this application process, please contact the Board Coordinator using the contact information above.

2. Applicant Contact Information:

Surname:		First Name:	
Home Address:			
City:	Province:	Postal Code:	
Home Phone Number:		Alternate Number:	
E-mail Address:			

3. Eligibility Criteria and Conditions of Appointment:

- (a) Must be at least 18 years old.
- (b) Undischarged bankrupts are ineligible to serve as members.
- (c) Expected to commit the time required to perform Committee Member duties. (Minimum time commitment is on average 3 to 4 hours per month).
- (d) Must fulfill the requirements and responsibilities of the role – for example, preparing for and attending meetings, upholding fiduciary obligations and working cooperatively and respectfully with colleagues. Must comply with legislation governing the corporation, the corporation's by-laws and policies, and all other applicable rules.
- (e) Committee Members must sign a declaration confirming their agreement to adhere to their fiduciary duties and Board and Corporate policies.
- (f) Cannot be a current employee or credentialed physician at STEGH.

4. Conflict of Interest Disclosure Statement:

Committee Members must avoid conflicts between their self-interest and their duty to the corporation. In the space below, 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 a Board Committee.

5. Knowledge, Skills and Experience:

Please complete the accompanying document 'Schedule A: Knowledge, Skills and Experience Matrix' in addition to this application.

The Board seeks a complementary balance of knowledge, skills and experience among its members. Please indicate your areas of knowledge, skills and experience.

Please list current or prior Governance experience at either the Board or Committee level.

Which areas of Governance 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:

6. 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 have read and agree to comply with the following:
 - (i) Position description – Committee Member duties and expectations.
 - (ii) Board Code of Conduct
 - (iii) Conflict of Interest Policy
- (c) I understand what I have read in this application. Anything I have not understood, I have asked for and received clarification.

Printed Name of Applicant

Signature of Applicant

Date (day/month/year)

7. How did you hear about the opportunity to join as a Community Member: