

**CAMPBELLFORD MEMORIAL HOSPITAL
APPLICATION FOR COMMUNITY MEMBER FOR BOARD COMMITTEES**

1. INSTRUCTIONS:

- a) To apply to be a Community member, you must complete this form and submit it along with a copy of a recent resume, or a brief biographical sketch.
- b) Please submit your completed form and resume or biographical sketch by mail, email, or by bringing it to the following address:

Peter Mitchell
Executive Assistant to the CEO and Board of Directors
Campbellford Memorial Hospital
146 Oliver Road, Campbellford, ON K0L 1L0
pemitchell@cmh.ca

2. APPLICANT CONTACT INFORMATION

Surname:	First Name:
Street and Number	City/Town
Postal Code	
Email address	

3. ELIGIBILITY CRITERIA AND CONDITIONS OF APPOINTMENT

- a) Community members must be at least 18 years old.
- b) Undischarged bankrupts are ineligible, as is anyone with pending criminal charges.
- c) Hospital employees or professional staff members are ineligible.
- d) Community members must prepare adequately for committee meetings and attend consistently. Failure to do so, may be cause for dismissal.
- e) Community members are expected to work cooperatively, and respectfully with other committee members, and must comply with all legislation, policies and by-laws.
- f) Committee members must respect the confidential nature of their position and declare any conflict of interest, if such a situation arises.

4. KNOWLEDGE, SKILLS AND EXPERIENCE

Please give a brief description of your skills, and/or unique experiences which, in your opinion, might be valuable to the Board. Please indicate, if you know, a Board Committee which interests you. (Quality, Resources/Audit, Governance)

5) 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: _____ **Date:** _____