



## **Board of Governors or Board Recruitment Application**

### **Instructions**

1. To apply to be a member of our Board or to be appointed to a Board Committee, you must complete this application form and submit it with a copy of your current resume using the following information:

**Attention: Board of Governors  
South Huron Hospital Association  
24 Huron Street West  
Exeter, ON N0M 1S2  
Fax: 1-519-235-3405**

**Email: [shha.administration@shha.on.ca](mailto:shha.administration@shha.on.ca)**

2. The application deadline will be determined annually.
3. For more information concerning this application process, please contact the Executive Assistant @ 519-235-5151.

### **Applicant Contact Information**

Full Name	Click here to enter text.
Home Address	Click here to enter text.
City/Town & Postal Code	Click here to enter text.
Home Telephone Number	Click here to enter text.
Email Address	Click here to enter text.



## Eligibility Criteria & Commitment Expectations

1. Must be at least 18 years of age.
2. Must have been a resident of, or be employed or carry on business in the geographical area considered to be the catchment area of the hospital for at least three months prior to being considered as a potential member.
3. Expected to commit the time required to discharge the duties of board and committee membership (minimum time per month is on average 10-15 hours).
4. Must fulfill the requirements and responsibilities as outlined in our Board Policy # 02-014 entitled "Position Description – Board of Directors".
5. Board members are required annually to sign a Declaration of Understanding relating to confidentiality and conflict of interest policies.

## Conflict of Interest Disclosure

Individuals serving on the hospital board or any board committees must avoid conflicts between self-interest and their fiduciary duty to the hospital. Please identify below any relationship with a current employee of the hospital (or with another organization) which may create a conflict of interest, or have the appearance of a conflict of interest, by virtue of being appointed to the board or board committee.

[Click here to enter text.](#)

## Knowledge & Skills

Besides searching for diversity in our board members, we also seek out a balance of various skills, knowledge and experience that complement each other. Please complete Schedule A attached to this application form regarding your knowledge and skills.



## Experience

Please list your past experience in Governance at either at a board or board committee level.

[Click here to enter text.](#)

Please describe any connections you have had with other health care organizations.

[Click here to enter text.](#)

Are there any particular areas of Governance work which are of particular interest to you?

[Click here to enter text.](#)

## Declaration

By submitting this application form, I declare the following:

1. I meet the eligibility requirements as outlined above
2. I have read, understood and agree to comply to the following Board Policies:
  - a. Position Description – Board of Directors
  - b. Board Code of Conduct
  - c. Conflict of Interest
3. I understand that my personal application submission will be subject to a formal screening and selection process which may or may not result in my successful election or appointment to the Board

Name [Click here to enter text.](#) Date [Click here to enter a date.](#)

By checking the box below, you certify that you have read this application form, that you know and understand the meaning and intent of this agreement and that you are entering this knowingly and voluntarily.

I agree.



## **Schedule A – Skills & Knowledge**

As you answer the following questions, please think in terms of your entire wealth of experience, including volunteer, professional and personal knowledge and experience.

Please use the drop downs in the first column to rate your KNOWLEDGE on the competencies and fields of endeavour items as one of the following:

- 1 = No Knowledge
- 2 = Some Knowledge
- 3 = Working Knowledge
- 4 = Ample/Abundant Knowledge
- 5 = Vast/Expert Knowledge

Please use the drop downs in the second column to rate your EXPERIENCE on the competencies and fields of endeavour items as one of the following:

- 1 = No Experience
- 2 = Some Experience
- 3 = Sufficient/Adequate Experience
- 4 = Considerable Experience
- 5 = Extensive Experience

Note: if you are unable to fill out the form electronically, please print and complete using the rating scale indicated above to answer.



## Competencies – knowledge and experience

	<u>Knowledge</u>	<u>Experience</u>
Chaired the Board of an organization	Choose an item.	Choose an item.
Chaired a committee of an organization	Choose an item.	Choose an item.
Governance	Choose an item.	Choose an item.
Fundraising	Choose an item.	Choose an item.
Business Development	Choose an item.	Choose an item.
Management	Choose an item.	Choose an item.
Leadership	Choose an item.	Choose an item.
Human Resources	Choose an item.	Choose an item.
Strategic Thinking & Planning	Choose an item.	Choose an item.
Analytical Thinking	Choose an item.	Choose an item.
Conceptual Thinking	Choose an item.	Choose an item.
Entrepreneurial	Choose an item.	Choose an item.
Ethics	Choose an item.	Choose an item.
Project Coordination	Choose an item.	Choose an item.
Personnel Development	Choose an item.	Choose an item.
Risk Management	Choose an item.	Choose an item.
Advocacy	Choose an item.	Choose an item.
Program/Policy Development	Choose an item.	Choose an item.
Volunteer Engagement	Choose an item.	Choose an item.
Creating Partnerships	Choose an item.	Choose an item.
Social Media	Choose an item.	Choose an item.
Communications	Choose an item.	Choose an item.
Teamwork	Choose an item.	Choose an item.
Creativity	Choose an item.	Choose an item.
Other Please specify Other Competencies.	Choose an item.	Choose an item.



**Fields of Endeavour – knowledge and experience based**

	<u>Knowledge</u>	<u>Experience</u>
Health Care	Choose an item.	Choose an item.
Senior’s Care & Senior Issues	Choose an item.	Choose an item.
Housing	Choose an item.	Choose an item.
Research	Choose an item.	Choose an item.
Education	Choose an item.	Choose an item.
Politics	Choose an item.	Choose an item.
Retail	Choose an item.	Choose an item.
Financial	Choose an item.	Choose an item.
Quality & Performance	Choose an item.	Choose an item.
Sales	Choose an item.	Choose an item.
Construction	Choose an item.	Choose an item.
Marketing	Choose an item.	Choose an item.
Real Estate	Choose an item.	Choose an item.
Legal	Choose an item.	Choose an item.
Public Relations	Choose an item.	Choose an item.
Social Services	Choose an item.	Choose an item.
Information Technology	Choose an item.	Choose an item.
Other Please specify Other Fields of Endeavour.	Choose an item.	Choose an item.

**Sector Experience**

	<u>Experience</u>
Private	Choose an item.
Public	Choose an item.
Nonprofit	Choose an item.

Please save this application electronically, and kindly submit via e-mail with your resume to:

[shha.administration@shha.on.ca](mailto:shha.administration@shha.on.ca)

Or, please print this application, and kindly submit with your resume to:

**Attention: Board of Governors, South Huron Hospital Association,  
24 Huron Street West, Exeter, ON N0M 1S2 or Fax: 1-519-235-3405**

