

**CORNWALL COMMUNITY HOSPITAL / HÔPITAL COMMUNAUTAIRE DE CORNWALL**  
(the “Corporation”)

**Application to Become a Director**

**TO: Governance Committee of the Cornwall Community Hospital**

**C/O: Jeanette Despatie  
Chief Executive Officer  
Cornwall Community Hospital  
840 McConnell Avenue  
Cornwall, Ontario K6H 5S5**

1. **Qualifications.** I, the undersigned, hereby apply to be considered for appointment as a Director of the Corporation, and in doing so, acknowledge and declare that: **[please check each statement below to indicate your acknowledgement]**

- I am at least eighteen (18) years of age;
- I am not an undischarged bankrupt;
- I live in the City of Cornwall, the United Counties of Stormont, Dundas, Glengarry or the territory of Akwesasne (the “Catchment Area”);
- I am not a member of the Corporation’s Professional Staff [not applicable to the *ex officio* Directors required by the *Public Hospitals Act*] or an employee of the Corporation [not applicable to the Chief Executive Officer]; and
- I do not live in the same household as either a Professional Staff member or an employee of the Corporation.

2. **Residential Address.** My residential address is:

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3. **Work Address.** My work address is (if not applicable, please indicate):

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4. **Review of Director’s Responsibilities.** I confirm that I have reviewed Schedule “A” to this Application and agree that, if I am appointed as a Director of the Corporation, I: **[please check each statement below to indicate your acknowledgement]**

- will support the objects of the Corporation (*see Part 1, Schedule “A”*);

- will advise the Corporation if there is a circumstance that would cause me to automatically vacate the office of Director (*see Part 2, Schedule "A"*);
- will abide by the conflict of interest and confidentiality provisions governing Directors (*see Part 3, Schedule "A"*);
- will cooperate and assist the Board to fulfill its roles and responsibilities to the Corporation (*see Part 4, Schedule "A"*);
- will fulfill the performance expectations of a member of the Board of Directors (*see Part 5, Schedule "A"*); and
- understand that I will not be compensated for my services as a Director (as required by charitable law).
- understand there is an expectation to attend all Board Meetings and all meetings of the committees to which I will be assigned; however, recognizing this may not always be possible, Board policy No. CR 15-005 does accept an attendance rate of at least 60%.

5. **Profile.** I understand that the Corporation wants to ensure that its Board of Directors has the necessary skills and experience to govern the Corporation and that the Board reflects the breadth, depth and diversity of the Catchment Area, including the demographic, cultural, linguistic, economic, geographic, ethnic and social characteristics of the community served by the Corporation. To assist the Corporation in establishing a Board that meets these objectives, I am providing the information requested below:

(a) I have skills or experience in the following areas: **[please check all that apply]**

| <b>Basic</b>             | <b>Advanced</b>          | <b>Skill or experience</b>  |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | prior experience in governance;   |
| <input type="checkbox"/> | <input type="checkbox"/> | strategic planning experience;  |
| <input type="checkbox"/> | <input type="checkbox"/> | experience in the management and restructuring of complex organizations;                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | understanding of healthcare needs, issues and trends;   |
| <input type="checkbox"/> | <input type="checkbox"/> | understanding of the diverse needs of the region;   |
| <input type="checkbox"/> | <input type="checkbox"/> | previous experience in the health field;  |
| <input type="checkbox"/> | <input type="checkbox"/> | awareness of provincial healthcare trends;  |
| <input type="checkbox"/> | <input type="checkbox"/> | demonstrated leadership on behalf of the needs of patients and families;                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | knowledge and experience in business and management;  |
| <input type="checkbox"/> | <input type="checkbox"/> | knowledge and experience in construction projects, including project management, architecture, engineering; |

- knowledge and experience in education;
- understanding of fiscal and financial matters;
- understanding of legal matters;
- knowledge and experience in health professional education;
- knowledge and experience in human resource management;
- knowledge and experience in communications and information technology;
- knowledge and experience in government and public relations; and
- Other: \_\_\_\_\_

(b) My current occupation is:

\_\_\_\_\_

- (c) Age:  18 - 25  
 26 - 35  
 36 - 45  
 46 - 55  
 56 - 65  
 66 - 75  
 over 75

(d) Sex: M  F

(e) Languages:  English  
 French  
 Others: \_\_\_\_\_

6. **Resume.** I attach a copy of my current resume. **[Please attach]**

7. **Conflict of Interest.** Below I disclose my participation or affiliation with any organizations that may create an actual or perceived conflict of interest with the Corporation:

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**DECLARATION:** If my application is approved, I agree to act as a Director of the Corporation and, in my capacity as a Director of the Corporation, I shall at all times act honestly and in good faith, in the best interest of the Corporation and abide by the Corporation's By-Laws and all governing legislation. I understand that the term that I may serve as a Director is to be determined. I fully understand that any errors in my application may result in my application for consideration as a Director being refused or my Directorship being revoked. I undertake to advise the Corporation immediately in writing of any change in the information contained in this Application.

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PRINT NAME OF APPLICANT

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SIGNATURE OF APPLICANT

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DATE

Phone number where Applicant may be reached during daytime: \_\_\_\_\_

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

The Personal information requested on this form is collected in accordance with the *Corporations Act*, s. 300. The information provided will not be used for any purposes other than those stated upon this form unless you provide your consent. Should you have any questions concerning your personal information please contact the Freedom of Information Coordinator at 613-938-4240, ext. 2262.

*Ce document est disponible en français sous le titre :*

*« Déclaration de candidature au poste d'administrateur ou d'administratrice »*