



Application to Become a Board Director or Committee Member
21 Sylvan Street West Kenora, ON P9N 3W7 • Email: admin@lwdh.on.ca • Fax: (807) 468-3939

Name:														
Address:	Home:													
	Business:													
Telephone Numbers:	Home:	Business/Cell:												
Email Address:														
I am Interested in Becoming a:	<input type="checkbox"/> Board Director <input type="checkbox"/> Committee Member (please select the committees that interest you from the list below): <ul style="list-style-type: none"> <input type="checkbox"/> Audit and Finance Committee (<i>financial expertise preferred</i>) <input type="checkbox"/> Quality Committee <input type="checkbox"/> Patient and Family Advisory Committee <input type="checkbox"/> Volunteer													
Please list current or prior Board experience:														
Which areas of Board work are of particular interest to you?														
What skills/areas of expertise can you bring to the Board (please check those that apply)?														
<table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Financial Experience</td> <td><input type="checkbox"/> Health Care</td> </tr> <tr> <td><input type="checkbox"/> Government (All Levels)</td> <td><input type="checkbox"/> Community Relations</td> </tr> <tr> <td><input type="checkbox"/> Strategic Planning</td> <td><input type="checkbox"/> Indigenous Health</td> </tr> <tr> <td><input type="checkbox"/> Legal Skills</td> <td><input type="checkbox"/> Patient and Family Experience in Health Care</td> </tr> <tr> <td><input type="checkbox"/> Quality/Patient Safety/Risk Management</td> <td><input type="checkbox"/> Advocacy</td> </tr> <tr> <td><input type="checkbox"/> Human Resources</td> <td></td> </tr> </table>			<input type="checkbox"/> Financial Experience	<input type="checkbox"/> Health Care	<input type="checkbox"/> Government (All Levels)	<input type="checkbox"/> Community Relations	<input type="checkbox"/> Strategic Planning	<input type="checkbox"/> Indigenous Health	<input type="checkbox"/> Legal Skills	<input type="checkbox"/> Patient and Family Experience in Health Care	<input type="checkbox"/> Quality/Patient Safety/Risk Management	<input type="checkbox"/> Advocacy	<input type="checkbox"/> Human Resources	
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Please describe any linkages you have had with various health care groups within the community:														
Do you wish to identify yourself as Indigenous?														
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:														
Conflict of Interest - Directors must avoid conflicts between their self-interest and their duty to the hospital. In the space below, please 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 the Board:														
Please attach an up-to-date resume.														
_____	_____													
Date	Signature													