Lake of the Woods District Hospital

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:	☐ Board Director ☐ Committee Member (please select the committees that interest you from the list below): ☐ Quality, Patient Safety, and Risk Management Committee	

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)?

- ☐ Financial Experience
- ☐ Government (All Levels)
- ☐ Strategic Planning
- ☐ Legal Skills
- ☐ Quality/Patient Safety/Risk Management
- ☐ Human Resources
- ☐ Health Care
- ☐ Community Relations
- ☐ Indigenous Health
- ☐ Patient and Family Experience in Health Care
- ☐ Advocacy

Please describe any linkages you have had with various health care groups within the community:

Do you wish to identify yourself as Indigenous?

☐ Yes ☐ 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