

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 have not been found under the *Substitute Decisions Act*, 1992 or under the *Mental Health Act* to be incapable of managing property;
- I have not been found to be incapable by any court in Canada or elsewhere;
- I do not have the status of a bankrupt;
- I am not an “ineligible individual” as defined in the *Income Tax Act (Canada)* or any regulations made under it;
- I have my principal residence or carry on business within the area served by the Corporation as established by the Board from time to time, i.e. Stormont, Dundas, Glengarry or Akwesasne;
- I am not a current or former employee or member of the Professional Staff of the Corporation [not applicable to the *ex officio* Directors required by the *Public Hospitals Act* or provided for in the *By-law*]; and
- I am not an Associate of a current employee or member of the Professional Staff of the Corporation. (“Associate” in relation to an individual means children living in the individual’s household, or the individual’s parents, siblings, spouse, or common law partner, and includes any organization, agency, company, or individual [such as a business partner] with a relationship to the individual.)

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

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

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 purpose of the Corporation (*see Part 2, Schedule “A”*);
- will advise the Corporation if there is a circumstance that would cause me to automatically vacate the office of Director (*see Part 3, Schedule “A”*);
- will abide by the conflict of interest and confidentiality provisions governing Directors (*see Part 4, Schedule “A”*);
- will cooperate and assist the Board to fulfill its roles and responsibilities to the Corporation (*see Part 5, Schedule “A”*);
- will fulfill the performance expectations of a member of the Board of Directors (*see Part 6, 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 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]**

Basic: general or modest understanding/knowledge
 Intermediate: above average understanding/knowledge
 Advanced: formal certification, degree, or demonstrated understanding/knowledge

Basic	Intermediate	Advanced	Skill or experience
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	prior experience in governance;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	strategic planning experience;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	experience in the management and restructuring of complex organizations;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	understanding of healthcare needs, issues and trends;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	understanding of the diverse needs of the region;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	previous experience in the health field;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	awareness of provincial healthcare trends;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	demonstrated leadership on behalf of the needs of patients and families;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	knowledge and experience in business and management;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	knowledge and experience in construction projects, including project management, architecture, engineering;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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;
- understanding of ethics;
- knowledge and experience in quality and patient safety;
- knowledge and experience in risk management;
- understanding of equity, diversity and inclusion and anti-oppression-related issues;
- Other: _____

(b) My current occupation is:

- (c) Languages: English
 French
 Others: _____

6. **Diversity Self-Assessment.** Cornwall Community Hospital collects demographic information as part of assessing the overall diversity of perspectives contributed by board members. While Cornwall Community Hospital recognizes that race/ethnicity/culture are societal constructs, we invite information about your age, gender identity, sexual orientation, and communities with which you identify as these complement the perspective gained through experience and expertise.

- (a) Age: 18 - 25
 26 - 35
 36 - 45
 46 - 55
 56 - 65
 66 - 75
 Over 75
 Prefer not to answer

(b) Gender – How do you identify?
 Man Woman Non-Binary Trans M Trans F Genderqueer
 Prefer to self-describe: _____ Prefer not to answer

(c) Sexual Orientation – Do you consider yourself to be:
 Heterosexual or straight Gay Lesbian Bisexual Queer
 Prefer to self-describe: _____ Prefer not to answer

- (d) Racial or Ethnic Group:
 Indigenous Asian or Pacific Islander Black or African American
 Hispanic or Latino White or Caucasian Multiracial
 Not listed/please describe: _____ Prefer not to answer
- (e) Person with a disability Yes No Prefer not to answer

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

8. **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:

9. **Other Requirements:**

- I consent to provide a current basic criminal reference check upon initial appointment and to promptly advise the Board of any changes in status.
- I consent to provide proof of full vaccination against COVID-19, as defined by the Medical Officer of Health of Ontario, upon initial appointment.

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, Rules, policies 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.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

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 *Not-for-Profit Corporations Act*, s. 21. 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 Representative at 613-938-4240, ext. 4700.

*Ce document est disponible en français sous le titre :
 « Déclaration de candidature au poste d’administrateur ou d’administratrice »*

Version Date: 2024-10-17

Reference: CCH Policy CR 15-011 (Appendix A)