

To apply to be a member of the Hôpital Glengarry Memorial Hospital Foundation Board of Directors, you must complete this form and submit it with a copy of your current resume or a brief biographical sketch. Please submit your completed documentation by mail, or email to the following address:

HGMH Foundation
20260 County Road 43
Alexandria, ON K0C 1A0
Email: info@hgmhfoundation.org

For more information about the application process, please contact the Fundraising Coordinator by calling 613.525.2222 x4138 or by emailing the address above.

I provide the following information with respect to my application for membership on the board.

Note: Please note this is strictly a volunteer position with no remuneration.

Name:		
Addresses:	Business:	
	Home:	
Telephone Numbers:	Business:	Home:
Facsimile Numbers:	Business:	Home:
E-Mail Address(es):		
Please list current or prior board experience:		
Which areas of board work are of particular interest to you?		
Languages spoken:	Native language:	
Languages written:		
Please describe any linkages you may have had with various health care groups within the community:		

Diversity Self-Assessment

HGMH Foundation gathers demographic information to help understand and assess the diversity of perspectives represented on the Board. While we acknowledge that race, ethnicity, and culture are socially constructed concepts, we invite you to share information about your age, gender identity, sexual orientation, and the communities you identify with. These aspects can enrich and complement the perspectives shaped by your experience and expertise.

Age:

- | | | | |
|--------------------------------|--------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> 18-25 | <input type="checkbox"/> 26-35 | <input type="checkbox"/> 36-45 | <input type="checkbox"/> 46-55 |
| <input type="checkbox"/> 56-65 | <input type="checkbox"/> 66-75 | <input type="checkbox"/> Over 75 | |

Gender - How do you identify?

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Man | <input type="checkbox"/> Woman | <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Transgender Man |
| <input type="checkbox"/> Transgender Woman | <input type="checkbox"/> Genderfluid or Genderqueer | <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Questioning or unsure |
| <input type="checkbox"/> Another gender identity (please specify):
_____ | | <input type="checkbox"/> Prefer not to answer | |

Sexual Orientation - Do you consider yourself to be:

- | | | | |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Bisexual | <input type="checkbox"/> Gay | <input type="checkbox"/> Lesbian |
| <input type="checkbox"/> Pansexual | <input type="checkbox"/> Queer | <input type="checkbox"/> Questioning or unsure | <input type="checkbox"/> Same-gender loving |
| <input type="checkbox"/> Straight/Heterosexual | <input type="checkbox"/> Two-Spirit | <input type="checkbox"/> Another sexual orientation (please specify):
_____ | |
| <input type="checkbox"/> Prefer not to answer | | | |

Which of the following best describes your racial or ethnic group? (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Arab, Middle Eastern or West Asian | <input type="checkbox"/> Black | <input type="checkbox"/> East Asian |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Latin American | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Southeast Asian | <input type="checkbox"/> White | <input type="checkbox"/> Another race/ethnic group (please specify):
_____ |
| <input type="checkbox"/> Do not know | <input type="checkbox"/> Prefer not to answer | |

Person with a disability:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Prefer not to answer |
|------------------------------|-----------------------------|---|

Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the Foundation. 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.

Eligibility Criteria and Conditions of Appointment

- (a) Directors must be at least 18 years old.
- (b) Directors must be members of the corporation.
- (c) Undischarged bankrupts are ineligible to serve as directors.
- (d) No member of the medical staff or dental staff or employee of the Hospital shall be eligible for election or appointment to the Board except as where otherwise provided in the By-laws.
- (e) No spouse of any person included in (c) above shall be eligible for election or appointment to the Board, except by resolution of the Board.

- (f) A director is expected to commit the time required to perform board and committee duties. The time commitment is estimated to be 10-15 hours per month. The term will be for 2 years.
- (g) Directors must fulfill the requirements and responsibilities of their position, for example, preparing for and attending board and committee meetings, upholding their fiduciary obligation to the Foundation, and working co-operatively and respectfully with other Board Members. Directors must comply with legislation governing the Foundation, the hospital, the Foundation's by-laws and policies, and all other applicable rules.
- (h) Directors must sign a Declaration confirming their agreement to adhere to their fiduciary duties and board and Foundation policies, as well as a confidentiality form.

Knowledge, Skills, and Experience

The board seeks a complementary balance of knowledge, skills, and experience.

Please attach an up-to-date resumé.	
_____	_____
Date	Signature

You may be asked to come for an interview. If selected by the nominating committee, the applicant will be notified to be present at the Annual Meeting when/if voting is to take place. You will also be notified if you are not selected.