

Brockville & District Hospital Foundation

Application for Board of Directors (2025-2026)

1. Applicant Contact Information

Surname: _____ First Name: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Phone Number: _____ Business Number: _____
Email Address: _____
Preferred Method of Contact: ☐ Cell Phone ☐ Business Phone ☐ Email

2. Eligibility Criteria

- a) Every director must be eighteen (18) or more years of age.
- b) Each director shall be a member of the Corporation, or shall become a member of the Corporation within ten (10) days after election or appointment as a director, and remain a member in good standing during the term of their office as a Director.
- c) No undischarged bankrupt or person who has been declared insolvent may be a director.
- d) No person who has been found under the Substitute Decisions Act, 1992 (Ontario) or under the Mental Health Act (Ontario) (or their successor legislation) to be incapable of managing property or who has been found to be incapable by a court in Canada or elsewhere may be a director.
- e) No person who is convicted of any crime may be a director, unless such crime has been pardoned.
- f) In addition,
- g) No employee of BGH, other than the President or Chief Executive Officer, is eligible for election or appointment to the Board; and
- h) No Director may serve concurrently as a governor of the BGH Board of Governors, unless nominated by the Board to be an Ex-Officio non-voting member of the BGH Board of Governors.

3. Conditions of Appointment

- a) Provide a satisfactory police check.
- b) Must sign a declaration confirming their agreement to consent to a director position and adhere to the fiduciary duties and Board and Policies.
- c) Must be willing to commit the time required to perform board and committee duties.
- d) Directors are expected to meet the expectations and duties of their role. This includes preparing for Foundation Board and Committee meetings, honoring their fiduciary responsibilities to the Foundation, and collaborating respectfully with fellow Board Members. Directors must uphold the Foundation's mission and values and maintain confidentiality in all sensitive matters.

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4. Skills, Knowledge, and Experience

Please indicate your areas of knowledge, skills, and experience by checking off the relevant boxes in the table below. It is not expected that you possess knowledge, skills, or experience in all the areas set out in the table. The table assists the Board in maintaining an appropriate mix of skills at the Board and Board Committee levels.

1 - Layperson's Knowledge: basic knowledge gained through day-to-day activities

2 - Strong Working Knowledge: has some related managerial or board experience in this area

3 - Expert: considerable depth and breadth of experience

Board Governance 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Organizational Structure 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Risk Management 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Legal Expertise 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Financial Expertise 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Healthcare Experience 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Fundraising Experience 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Community Engagement 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Services – Based Social Program Administration or Policy 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Human Resource Management 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Information Management & IT 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Advocacy 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Managing/Leading Growth 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Leading Change 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Strategic Planning 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	Marketing/PR 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Philanthropy 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	

5. Declaration

By submitting this application, I declare the following:

- a) I meet the eligibility criteria and accept the conditions of appointment set out above; and
- b) I certify that the information provided in this application and my attached resume is true.

Signature: _____ Date: _____

Please submit this completed form and your resume to:

Emily Maskell, Administrative Manager, emaskell@brockvillegeneralhospital.ca

Thank you for your interest.