

Application for Board of Directors (2026-2027)

1. Instructions

- a) To apply to be a member of the Brockville General Hospital Board of Directors, you must complete this form and submit it with a copy of your current resume.
- b) Please submit your completed form and resume to Margaret Cameron, Corporate Governance Lead, at mcameron@brockvillegeneralhospital.ca
- c) The deadline for applications is March 31, 2026, at 12 p.m.
- d) For more information about the process please contact Margaret Cameron.

2. Applicant Contact Information

Surname:	First Name:
Home Address:	
City:	Postal Code:
Home Phone Number:	Business Phone Number:
Email Address:	
Preferred Method of Contact: <input type="checkbox"/> Home <input type="checkbox"/> Business Phone <input type="checkbox"/> Email	

3. Eligibility Criteria

- a) Must be at least 18 years of age.
- b) Must not have the status of bankruptcy.
- c) Must have their principal residence or carry on business within Leeds Grenville.
- d) Must not be a current employee or member of the professional staff.
- e) Must not have been an employee or member of the professional staff within the preceding two (2) year period.
- f) Must not be a family member of a contractor, any member of the Executive Team, a Director of the Corporation, or a member of the credentialed staff.

4. 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 Hospital Policies.
- c) Must be willing to commit the time required to perform board and committee duties.
- d) Must fulfill the requirements and responsibilities of the position. For example, preparing for Hospital Board and Committee meetings, upholding their fiduciary obligation to the Hospital, and working cooperatively and respectfully with other Board Members. Directors must comply with the *Public Hospitals Act* and other legislation governing the Hospital, the Hospital's By-Laws and Policies, and all other applicable rules.

5. Knowledge, Skills, Experience

- a) Please submit a resume with your application form.
- b) Please complete the skills questionnaire below.

Skills Questionnaire

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 will 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: some related managerial or board experience in this area
- 3 - Expert: considerable depth and breadth of experience

Board Governance	Hospital Governance Experience
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<input type="checkbox"/>
Organizational Strategy	Risk Management
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Legal Expertise	Financial Expertise
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Healthcare Administration or Health Policy	Clinical
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Services-Based Social Program Administration or Policy	Human Resource Management
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Facility Planning/ Engineering	Information Management & IT
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Public Policy, Advocacy and Government Relations	Managing / Leading Growth
1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	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"/>	

Please list any current or prior board experience.

Describe any linkages you have or have had with other health care groups within the community.

6. Conflict of Interest Disclosure Statement

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 include all other boards on which you serve and companies for which you hold an officer position. Also note if you have family employed at the hospital.

7. 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: _____

Thank you for your interest.