



Application for All Nations Hospital Community 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:	
Please list current or prior Committee experience:		
Please explain your interest in the new hospital project.		
What skills/areas of expertise can you bring to the Committee (please check those that apply)?		
<input type="checkbox"/> Capital Projects		
<input type="checkbox"/> Community Relations		
<input type="checkbox"/> Health Care/Hospital		
<input type="checkbox"/> Indigenous Health		
<input type="checkbox"/> Patient and Family Experience in Health Care		
Please describe any linkages you have had with various health care groups within the community:		
Do you wish to identify yourself as Indigenous?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments:		
Please attach an up-to-date resume.		
_____		_____
Date		Signature