



Application to Become a Board Member

Name:		
Address:	Business:	
	Home:	
Telephone Numbers:	Business:	Home:
Facsimile Numbers:	Business:	Home:
Email Address:		
Please list current or prior board experience:		
Which areas of board work are of particular interest to you?		
What skills/areas of expertise can you bring to the board (please check those that apply)?		
<input type="checkbox"/> Financial Experience <input type="checkbox"/> Health & Safety <input type="checkbox"/> Government (All Levels) <input type="checkbox"/> Human Resources & Compensation <input type="checkbox"/> Executive Leadership <input type="checkbox"/> Health Care <input type="checkbox"/> Technology/IT <input type="checkbox"/> Community Relations <input type="checkbox"/> Legal Skills <input type="checkbox"/> Insurance/Risk Management <input type="checkbox"/> Private Sector <input type="checkbox"/> Languages: _____ <input type="checkbox"/> Quality <input type="checkbox"/> Advocacy		
Please describe any linkages you have had with various health care groups within the community:		
Do you wish to identify yourself as Aboriginal, Metis, or Inuit?		
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:		
Conflict of Interest: 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 attach an up-to-date resume.		
_____		_____
Date		Signature