



Application for Board of Directors

Rural Healthcare Innovations (RHI) / Dundas Manor Board of Directors

SECTION 1 – INSTRUCTIONS

- To apply to be a member of the Rural Healthcare Innovations/Dundas Manor Board of Directors you must complete the attached form and submit it with a copy of your current resume, by email to Lori-Anne Van Moorsel ivanmoorsel@wdmh.on.ca or by mail to: 566 Louise Street, Winchester, ON, K0C 2K0 Attn: Lori-Anne Van Moorsel
- **Deadline for application is May 1, 2025**

SECTION 2 – APPLICANT CONTACT INFORMATION

Surname: _____ First Name: _____
Phone Number: _____ Bus. Phone Number: _____
Home Address: _____
Email Address: _____

SECTION 3 – ELIGIBILITY CRITERIA AND CONDITIONS OF APPOINTMENT

- Directors must be at least 18 years of age
- Undischarged bankrupts are ineligible to serve as directors
- Directors must agree to become a voting Member in good standing of the Corporation
- A director is expected to commit to at least a three-year term
- 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 Rural Healthcare Innovations and Dundas Manor, and working co-operatively and respectfully with other Board members. Directors must comply with the *Long-Term Care Homes Act* and other legislation governing the RHI/Dundas Manor, the by-laws and policies, and all other applicable rules.

SECTION 4 – CONFLICT OF INTEREST DISCLOSURE STATEMENT

Directors must avoid conflicts between their self-interest and their duty to RHI/Dundas Manor. 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.



SECTION 5 – OTHER BOARDS

List the Boards on which you serve or have served:

SECTION 6 – VOLUNTEER ACTIVITIES

List any other volunteer activities, and your role:

SECTION 7 – KNOWLEDGE SKILLS AND EXPERIENCE

Of the following skills, which three would best describe your strengths?

Finance <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Risk Management <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Business Management <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Information Technology <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Human Resources Management <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Accounting <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Patient & Health Care Advocacy <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Education <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Clinical <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Research <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Government and Government Relations <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Quality and Performance Management <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Demographics <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Labour Relations <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Construction and Project Management <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Board of Governance <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Legal <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Public Affairs & Communication <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Strategic Planning <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	Ethics <input type="checkbox"/> Basic <input type="checkbox"/> Advanced
Health Care Administration and Policy and Health System Needs, Issues, and Trends <input type="checkbox"/> Basic <input type="checkbox"/> Advanced	



In a short paragraph, summarize one accomplishment that illustrates these skills

SECTION 8 – HEALTH CARE KNOWLEDGE

Do you have any experience in the Health Care System?
If so, provide details.

In a short paragraph, describe your interests in long-term care.

SECTION 9 – ADDITIONAL INFORMATION

Record any other pertinent information you wish to share with us.

SECTION 10 – DECLARATION

By submitting this application, I declare the following:

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

Signature: _____ Date: _____