

Application for Board of Directors

Please attach resume if you have one

Name:	
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Home Address	Business Address
Address:	Company Name:
	Occupation/Title:
	Address:
City:	City:
Postal Code:	Postal Code:
Phone:	Phone:
E-mail:	E-mail:
Fax:	Fax:

BOARD INTEREST: Please outline the reasons for your interest in serving on the Board.

SKILLS AND EXPERTISE: Please identify the specific skills and expertise that you will contribute to the Board.

Name:	
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PREVIOUS HEALTHCARE EXPERIENCE: Please identify previous healthcare experience, if any.

PREVIOUS GOVERNANCE EXPERIENCE: Please identify previous experience as a member of a board of directors, if any.

References: (please supply name, address and phone number)
1.
2.

I authorize the release of my personal information as noted above to the Integrated President and CEO's Office at the AGH & CPDMH for the purpose of providing information regarding my application.

I am aware that if I am a successful candidate, I will be required to submit a certified Vulnerable Sector Criminal Reference Check

Please forward application either electronically or in written form to:

Mary Wilson Trider
Integrated President & CEO
AGH/CPDMH
75 Spring Street
Almonte, ON K0A 1A0
info@agh-fvm.com

Signature: _____

Date: _____

For Office use only
Date Received by CEO's Office _____

Date Processed: _____