



Huron Perth Healthcare Alliance BOARD OF DIRECTORS

APPLICATION FOR MEMBERSHIP Community Member - Board Committee Member

I am submitting an application for:

Board Committee *(please indicate your interest / choice(s) below)*

- Quality & Social Accountability Committee
- Governance, Community Relations & System Transformation Committee
- Resources, Audit & Digital Innovation Committee

Applicant Information

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Home Address:	<input type="text"/>		
City:	<input type="text"/>	Province:	<input type="text"/>
		Postal Code:	<input type="text"/>
Home Phone Number:	<input type="text"/>	Cell Phone Number:	<input type="text"/>
E-mail Address:	<input type="text"/>		
Preferred Method of Contact:	Home Phone <input type="checkbox"/>	Cell Phone <input type="checkbox"/>	E-mail <input type="checkbox"/>

Eligibility Criteria, Conditions of Appointment & Statement of Commitment

I, the undersigned, hereby apply to be considered for appointment as a Community/Board Committee Member, and in doing so, acknowledge and declare that:

(please check each statement below to indicate your acknowledgement)

- I am at least 18 years of age.
- I am not a member of the Professional Staff, an employee of the Corporation and I do not live in the same household as a member of the Professional Staff or an employee of the Corporation.
- I am not an undischarged bankrupt.
- I have not been convicted of an indictable offence or been found incapable by any court in Canada or elsewhere.
- I do not provide supplies, services or have a contract with the Corporation.
- I understand that a Police Criminal Record Check & Vulnerable Sector Check will be required.

Conflict of Interest Disclosure Statement

Directors must avoid conflicts between their self-interest and their duty to the Corporation. In the space below, please identify any relationship with any organizations that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the board.

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Knowledge, Skills and Experience

The HPHA Board of Directors wants to ensure that Community/Board Committee Members have the necessary skills and experience in their involvement with the organization. It is important that the Board reflects the breadth, depth and diversity of Huron and Perth, including demographic, cultural, economic, geographic and social characteristics of the community served.

The Board seeks a complementary balance of knowledge, skills, and experience. Please identify specific skills and expertise that you will contribute to the organization as a Community/Board Committee member. *(Definitions/Reference Document Attached)*

<input type="checkbox"/>	Accounting/Audit Experience	<input type="checkbox"/>	Finance Expertise, Literacy & Analysis	<input type="checkbox"/>	Political Acumen
<input type="checkbox"/>	Board & Governance	<input type="checkbox"/>	Government/Government Relations	<input type="checkbox"/>	Public Affairs & Communication
<input type="checkbox"/>	Business Management	<input type="checkbox"/>	Health Care Administration & Policy	<input type="checkbox"/>	Quality, Safety & Performance Management
<input type="checkbox"/>	Clinical	<input type="checkbox"/>	Human Resources	<input type="checkbox"/>	Research
<input type="checkbox"/>	Construction/Project Management	<input type="checkbox"/>	Information Technology	<input type="checkbox"/>	Risk Management
<input type="checkbox"/>	Diversity	<input type="checkbox"/>	Labour Relations	<input type="checkbox"/>	Stakeholder & Community Engagement
<input type="checkbox"/>	Education	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Strategic Planning
<input type="checkbox"/>	Healthcare Ethics	<input type="checkbox"/>	Patient & Health Care Advocacy	<input type="checkbox"/>	Other (please explain) <input type="text"/>

Board/Committee Experience

Please outline current or prior Board/Committee experience.

Please describe any linkages you have or may have had with other health care groups within the community.

Declaration

By submitting this application, I declare the following:

- I meet the eligibility criteria and accept the conditions of appointment set out above.
- I certify that the information in this application and in my resume/curriculum vitae is true.
- I authorize the release of my personal information in this application to the Board of Directors Ad Hoc Nominating Committee and the President & CEO of the Huron Perth Healthcare Alliance.

Print Name of Applicant

Signature of Applicant

Date

Application Deadline: April 24, 2026

Please submit this application form along with a copy of your current resume/curriculum vitae to:

Sue Davey, Executive Assistant
Huron Perth Healthcare Alliance
46 General Hospital Drive, Stratford, ON N5A 2Y6
Email: susan.davey@hpha.ca