THE STEVENSON MEMORIAL HOSPITAL
APPLY OR NOMINATE
TO A BOARD COMMITTEE

I declare that I am a current Advisory Member of The Stevenson Memorial Hospital and:

☐ Apply to be considered for appointment as a voting member of the _____ Committee of the Board.

_____ _____ _____
(print name) *(signature)* *(date)*

OR

☐ Nominate _____, a current Advisory Member of Stevenson Memorial Hospital, to be considered for appointment as a voting member of the _____Committee of the Board.

Contact information of nominator:

Address: _____

_____ Telephone Number: _____

_____ _____ _____
(print name of nominator) *(signature of nominator)* *(date)*

Contact information of nominee:

Address: _____

_____ Telephone Number: _____

_____ _____ _____
(print name of nominee) *(signature of nominee)* *(date)*

Nominations should be made with the knowledge of the nominee. Nominators must provide some information indicating the suitability of the nominee for the position.

Please tell us why you are interested in becoming (or interested in nominating an Advisory Member) to be a member of the above noted Committee and why you (or the individual nominated) would be an ideal Committee member In your remarks, please identify how the candidate's background (educational, occupational, past volunteering experience), capabilities, skills and experiences will contribute to this Committee:

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Although we are very happy to receive applications for Board Standing Committees at anytime throughout the year, we would ask you to please express any interest you may have by **March 17, 2017**

Attn: Sharon Knisley, Executive Assistant
Stevenson Memorial Hospital
200 Fletcher Crescent, PO Box 4000
Alliston ON L9R 1W7
Email: sknisley@smhosp.on.ca Fax: (705) 434-5138