

Stevenson Memorial Hospital Application – Advisory Member

For the period April 1, 2020 – March 31, 2021

l,			apply to be an Advisory Member and				
(please print name)							
confirm the following:							
1. I have read and understand the Rights of Advisory Members as set out on the reverse.							
	,						
3. I agree to abide by the Mission, Vision and Values and the By-Laws of Stevenson Memorial Hospital as							
they apply to an Advisory Member.							
4. I have attached a copy of my resume to this application.							
(Signature of Applicant)				(Date)			
(oignature of Applica	,		(Suic)				
Home Address:		Busin		ness Address:			
E-mail:			Tele	ohone:			
Skill/Knowledge self-assessment Rating: (1= In-depth; 2= Moderate;3 =Limited)							
Skill		Rating		Skill		Rating	
Governance			Human Resource		5		
Strategic Planning			Information Te		nology		
Healthcare				Finance			
Public Relations				Education			
Communications				Governance (M/P/F)			
Legal				Quality Assurance	2		
Business/Management				Community Involvement			
Please forward completed form to: Sharon Crowe							

Board of Directors Liaison Stevenson Memorial Hospital

200 Fletcher Crescent, P.O. Box 4000

Alliston, Ontario L9R 1W7

Email: scrowe@smhosp.on.ca

Fax: 705-434-5138

Telephone: 705-435-3377, ext. 3210

Stevenson Memorial Hospital

Application – Advisory Member

Rights of an Advisory Member

An Advisory Member shall be entitled to the following rights and privileges:

- 1. Receive notice of and attend any annual or general meeting of the members of the corporation and the advisory council;
- 2. Apply for, and if approved by the Board, be appointed as an Advisory Member of a Board Committee(s) as identified in policy *V-A-7 Board Standing and Special Committees*;
- 3. Nominate other Advisory Members and, if approved by the Board, be appointed as an Advisory Member of a Board Committee(s) as identified in policy V-A-7 *Board Standing and Special Committees*;
- 4. Receive the annual financial statements and the report of the Auditor.

Advisory Member Criteria

No person shall be qualified as an Advisory Member if he or she:

- 1. is less than eighteen (18) years of age;
- 2. has the status of a bankrupt;
- 3. does not have their principal residence or carry on business within the catchment area served by the Corporation as established by the Board from time to time;
- 4. is convicted of a criminal offense within the preceding ten years and has not been discharged absolutely or on condition; or
- 5. is an "excluded person" as defined in the Bylaws.

Excluded Persons (except from Corporate Bylaw – 1.1 (n) – Definitions:

- (i) Any member of the medical, dental, midwifery or extended class nursing staff other than the members of the Medical Staff appointed to the Board pursuant to the *Public Hospitals Act*;
- (ii) Any employee other than the current Chief Executive Officer;
- (iii) Any individual who has been within the preceding five (5) year period an employee of the Corporation;
- (iv) Any person who lives in the same household as a member of the medical, dental, midwifery or extended class nursing staff or an employee of the Corporation or a person referred to in subsection (v) below;
- (v) A person who is or who within the preceding five (5) year period has been either a party to a contract with the Corporation or who is an employee or service provider to an entity that is a party to a contract with the Corporation where the nature of the duties or services provided by that person are, in the opinion of the Governance & Nominating Committee, substantially similar to the nature of the duties and services that might be provided by an employee of the Corporation; provided that the decision of the Governance & Nominating Committee in this regard shall be final.