



**CARLETON PLACE  
& DISTRICT  
MEMORIAL HOSPITAL**

**Application for Board of Directors**

Please attach resume if you have one

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

<b>BOARD INTEREST:</b> Please outline the reasons for your interest in serving on the Board.

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

Name:	
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<b>PREVIOUS HEALTHCARE EXPERIENCE:</b> Please identify previous healthcare experience, if any.

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

<b>References:</b> (please supply name, address and phone number)
1.
2.

I authorize the release of my personal information as noted above to the President and CEO's Office at the 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 by April 19, 2021 to:

Mrs. Mary Wilson Trider  
President & CEO  
CPDMH  
211 Lake Ave E  
Carleton Place, ON K7C 1J4  
mwilsontrider@cpdmh.ca

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office use only**  
Date Recieved by CEO's Office \_\_\_\_\_

Date Processed: \_\_\_\_\_