



APPLICATION FOR APPOINTMENT TO THE BOARD OF DIRECTORS

Please complete this application and submit it via email, by fax, in-person or by mail or to: foundation@prh.email, (613)732-6360, 705 Mackay St, Pembroke, ON K8A 1G8

NAME: _____

ADDRESS: Home: _____

Business: _____

E-mail: _____ **Fax:** _____

TELEPHONE: Home: _____ **Business:** _____

OCCUPATION: _____

1. Have you served on a Board of Directors before? If yes, when and for which organization(s)?

2. Having read the attached material from our Strategic Plan, with the Mission and Vision Statement of the Pembroke Regional Hospital Foundation, would you as a Director be able to commit to respect the Mission and Vision of the Pembroke Regional Hospital Foundation? (Please comment)

3. As a Director of the Board of the Pembroke Regional Hospital Foundation, are you prepared to attend 6 Board meetings which are usually held September through June and also consider helping on a sub-committee?

4. Does your schedule allow you the freedom to sit on Event Planning and Board Committees and to attend committee meetings, which might be scheduled at noon, late afternoon, in the evening or on weekends? Do you have preferred meeting times? (Please comment)

5. Please attach your Curriculum Vitae or complete the attached Curriculum Vitae.

SIGNED _____ **DATE:** _____



CURRICULUM VITAE

NAME: _____

ADDRESS:

TELEPHONE NUMBERS:

Home _____

Office _____

PERSONAL INFORMATION

EDUCATION:

OCCUPATION:

COMMUNITY INVOLVEMENT and VOLUNTEERISM:

**PRESENT
EMPLOYMENT:**

Name

Address

Position



