



Expression of Interest Form
NHH Board of Directors – Community Members

Please return your completed application form using one of the following methods:

Email: info@nhh.ca

Fax: (905)372-4243

Mail: Office of the President and CEO, Northumberland Hills Hospital
1000 DePalma Drive, Cobourg, ON K9A 5W6

Drop-off: [Sealed envelopes, only, please, accepted at the Main Entrance Inquiry Desk, NHH, weekdays between 7:00am to 4:00pm, to the attention of the Office of the President and CEO]

Please note: There may be a risk when sending confidential information over an email system. If you have concerns about your privacy when using email, please mail or fax the document. If you have privacy-related questions about this form and/or the hospital's use of the information it is gathering, please contact our Privacy Office of the Northumberland Hills Hospital at (905) 372-6811, ext. 4827 or by email at privacy@nhh.ca.

Thank you for your interest in this volunteer opportunity! Are you over the age of 18?
Would you/those who know you describe you as having the following characteristics?

- ✓ Objective and open-minded
- ✓ Prepared to bring your lived experience to the table

If you cannot answer YES to all of the above, the role of Community member of the Board may not be for you. If you CAN answer yes, please proceed!

Name: _____

Contact Information:

Address:	
City:	Postal Code:
Telephone:	Cellphone:
Email:	

Preferred method of contact:

- Telephone Cellphone Email

Please tell us about your interest in serving as a Community Member of the NHH Board of Directors?

Please describe how your lived experience could be helpful to the Committees of the NHH Board (Quality and Safety, Governance, Facilities and Campus Development).

Community Members of the Board serve on one or more of its Committees (listed above). Which one(s) appeal to you?

Please confirm that you understand each of the following:

- I understand that submitting this application and/or being interviewed does not guarantee a position as a Community Member of the NHH Board of Directors.

- I understand that prior to beginning as a Community Member of the Board, I will be required to submit a Criminal Records Check and sign an NHH Confidentiality Agreement.

SIGNATURE: _____ **DATE:** _____

Thank you again for your interest in becoming a Community Member of the NHH Board of Directors and for taking the time to complete this application. We will confirm receipt and be in touch shortly should you be selected for an interview.