

Application for Board of Director

Purpose

The Omemee Medical Centre (OMC) is a not for profit corporation that provides the facility for local primary care providers. The Board of Directors is responsible for governing and managing the safe operation of the building.

Background

In the early 2000's Omemee Hydro was sold to Hydro One which was mandated as part of the amalgamation of the townships and communities of Victoria County, now known as the City of Kawartha Lakes. The funds from the sale, the Omemee Community Hydro Electric Systems Transfers (CHEST) Fund could only be used for charitable or non-profit initiatives.

At that time, the only family physician in Omemee was retiring. It became the community's vision to ensure access to local healthcare was maintained. The owners of the former Regal property severed a portion of their land to support the community's vision. This donated parcel of land became the impetus for building a facility to support the vision. Through community engagement and Council's support, a Board of Directors was formed to build a medical facility and recruit primary care providers.

In 2007, the Omemee Medical Centre was built using the proceeds of the Omemee CHEST Fund. On December 15, 2008, the first family physician opened practice. Now there are two family physicians, one nurse practitioner and laboratory services available in the facility.

Qualifications

Interested applicants must be at least 18 years of age, has not been found under the *Substitute Decisions Act, 1992* or under the *Mental Health Act* to be incapable of managing property; has not been found to be incapable by any court in Canada or elsewhere; resides or works in Ontario; and has not been bankrupt.

Preference will be given to those with experience in:

- a. Legal
- b. Community Health Services Linkages
- c. Government Relations

Commitment & Term of Office

Board meetings are held quarterly with an Annual General Meeting in June. Committee meetings are regularly scheduled and may also be held ad hoc. Meetings are held in person or electronically (i.e. MS Teams).

The term of office is three (3) years up to a maximum of nine (9) consecutive years. Directors are expected to participate on at least one committee.



Candidates must have a computer and access to internet with the ability to communicate by e-mail and virtually through MS Teams. References and a police check may be required.

Process

If you are interested in volunteering as a Board of Director, please complete the attached and submit along with your resume to omemeemedicalcentre1@gmail.com.

The OMC Recruitment Committee will contact you to provide next steps.

Further information about the Omemee Medical Centre can be found on our website at <https://omemeemedicalcentre.ca/> or Facebook page.

Information provided will be kept confidential & for internal use only

**APPLICATION FOR
Board of Director**

APPLICANT CONTACT INFORMATION:

Surname:		First Name:	
Home Address:			
City:	Province:	Postal Code:	
Phone No:	Email Address:		
Preferred Method of Contact:			
Phone <input type="checkbox"/>		Email <input type="checkbox"/>	

Conflict of Interest Disclosure Statement

Board members must avoid conflicts between their self interest and their duty to the Omemee Medical Centre. In the space below, please identify any relationship with any organization that may create a conflict of interest, or the appearance of a conflict of interest, by virtue of being appointed to the Board.

Knowledge, Skills and Experience

The Board seeks a complementary balance of knowledge, skills and experiences. To this end, all current and potential Board members are asked to identify areas of knowledge, skills and experience by completing the attached Board Member Self Assessment matrix.

Declaration

By submitting this application, I declare the following:

- a) I meet the eligibility criteria and accept the conditions of appointment set out above; and
- b) I certify that the information in this application and in my resume or biographical sketch is true.

Signature: _____

Date: _____

Information provided will be kept confidential & for internal use only

**BOARD MEMBER SELF ASSESSMENT
 KNOWLEDGE, SKILLS AND EXPERIENCE**

Name: _____

Please identify your degree of knowledge, skills and experience using the rating scale outlined below. It is not expected that you possess knowledge, skills and experience in all areas set out in the table.

- Advanced** – Formal education/certification in this field...
- Good** – A good understanding and experience with the area...
- Fair** – A general/basic level of understanding and some exposure to the area...
- None** – Minimal exposure and no experience in the area...

Place and 'X' in the appropriate column beside each area below.	Advanced	Good	Fair	None
Finance & Accounting				
Business Management				
Human Resources & Labour Relations				
Fundraising				
Government Relations				
Construction & Project Management				
Legal				
Strategic Planning				
Community Health Services Linkages				
Risk Management				
Information Technology				
Education				
Quality & Safety				
Board & Governance				
Public Affairs & Communication				
Ethics				