

NORTH BAY REGIONAL HEALTH CENTRE (NBRHC)

Policy and Procedure		Policy Number	ADM-BO-014	
Title Community Representatives Participating on Board Committees		Policy category		<input type="checkbox"/> Departmental <input type="checkbox"/> Organization Wide <input checked="" type="checkbox"/> Board
		Manual		Board
		<input type="checkbox"/> New	<input checked="" type="checkbox"/> Minor	<input type="checkbox"/> Major
Origination Date	Reviewed by Governance January 11, 2012, Approved by Board January 20, 2012	Developer		
Effective Date (date this version came into effect)	Reviewed by Governance May 15, 2014, Approved by Board June 19, 2014 Reviewed by Governance May 24, 2016, Approved by Board June 10, 2016 Reviewed by Governance October 26, 2017 & November 23, 2017 Approved by Board December 14, 2017	Governance Committee		
Cross References (NBRHC or legacy organization policies) Not applicable		Comparable Policy from service provider within NBRHC Facility Not applicable		

NOTE: This is a **CONTROLLED** document for internal use only, any document appearing in a paper form should **ALWAYS** be checked against the online version prior to use.

1.0 Policy Statement

- (a) In this section, “Community Representative” means a person who is not a Director of the Corporation, who has been appointed to a Board Committee in accordance with this section, and who has the same rights and obligations of other members of the Committee.
- (b) On the recommendation of the Governance Committee, Community Representatives may be appointed by the Board as members of any standing or special Committee of the Board with the exception of the Medical Advisory Committee and the Executive Committee.
- (c) Any Community Representatives appointed under this section shall have full voting rights on said Board Committees but are not eligible to serve as the Chair of any such Board Committee to which they are so appointed.
- (d) Community Representatives shall have one, two-year term, with the option to extend/renew for an additional one year. This term shall not preclude their future candidacy for nomination to the Board and shall not be included in calculating a Director’s term limit under the By-laws. The Board may appoint not more than two community representatives to each committee.

- (e) Travel and other out-of-pocket expenses to conduct Board business will be reimbursed by the NBRHC, in accordance with Board policy.
- (f) Participation by Community Representative is conditional on the Representative signing an acknowledgement that they:
 - (i) are a fiduciary of the Corporation and must place the best interests of the Corporation above his or her own best interests;
 - (ii) have read and understand the Conflict of Interest and have endorsed the Confidentiality Agreement, which applies to all Community Representatives; and
 - (iii) agree to participate in the Board's orientation program, in keeping with Board policy; and
 - (iv) Meets eligibility requirements and complies with Nomination Section 10 (1-6), of the Administrative By-Laws of the North Bay Regional Health Centre.

2.0 Minor Revision History

Not applicable.

3.0 Definitions

Not applicable.

4.0 Materials required

Application - To become a community representative on a NBRHC Board committee.

5.0 Appendices/Educational Materials

Application - To become a community representative on a NBRHC Board committee.

6.0 References

Not applicable.

7.0 Content Experts/Stakeholders

Content Expert/Stakeholder	Date Sent
Governance Committee	October & November 2017
Board of Directors	December 2017

8.0 Signing Authority Approval

Position	Date Signed
Chair, Board of Directors	

APPLICATION

To become a Community Representative on a NBRHC Board Committee

TO: NBRHC

1. Application. I, _____ apply to be considered for appointment as a Community Representative on a Board Committee of the NBRHC. I would be interested in serving on the _____ Committee.

2. Residential Address and contact information. My residential address, e-mail address and contact information is:

3. Work Address and contact information. My work address and contact information is (if not applicable, please indicate):

4. Relevant Experience. Please list any of your skills, experience, knowledge or perspectives that you would consider valuable as a Community/NBRHC Representative:

5. Interests of the NBRHC Prevail. If I am appointed to a Board Committee, I agree that: ***[please check below to indicate your acknowledgement]***

- I will be a fiduciary of the NBRHC, which requires that I place the best interests of the NBRHC above my own personal or professional interests;
- I will abide by the Conflict of Interest and Confidentiality Agreement of the NBRHC's By-Laws, which apply to all Community Representatives; and
- I will participate in the Board's orientation program, in keeping with Board policy.

6. Relationship to NBRHC, if any: Please indicate whether any of the following statements applies to you: ***[please check each applicable statement]***

- I am at least eighteen (18) years of age.
- I am not an undischarged bankrupt.
- I am not related to and I do not live with any health care professional who has privileges at NBRHC.

If you are related to or live with any health care professional who works at NBRHC, please describe the relationship:

I am not related to and I do not live with any employee of NBRHC.

If you are related to or live with any employee of NBRHC, please describe the relationship:

7. **Conflicts of Interest.** To your knowledge, are there any other circumstances that may give rise to an actual, perceived or potential conflict of interest that may taint your participation on a Board Committee? If so, describe below:

8. **REFERENCES: (please provide contact information)**

- 1) _____
2) _____
3) _____

DECLARATION: If my application is approved, I agree to serve as a member of the Board Committee to which I am appointed and, in my capacity as a Community/NBRHC Representative, I shall at all times act honestly and in good faith, in the best interests of the NBRHC.

I fully understand that any errors in my application may result in my application being refused or my appointment as Community/NBRHC Representative being revoked.

I undertake to advise the NBRHC immediately in writing of any change in the information contained in this Application.

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

Please return the completed form to:

Cheryl Vainio
Administrative Assistant
c/o North Bay Regional Health Centre
50 College Drive
North Bay, Ontario P1B 5A4

If you have any questions, please contact:

Cheryl Vainio (705) 474-8600, ext. 2513 or cheryl.vainio@nbrhc.on.ca