APPENDIX A – RECRUITMENT OF NEW MEMBERS & NOMINATION POLICY AND PROCEDURES

2026 APPLICATION TO BECOME A DIRECTOR

TO: Ancient Rivers Family Health Team

1. Qualifications

I, the undersigned, hereby apply to be considered for appointment as a Director of the Ancient Rivers Family Health Team, and in doing so, acknowledge and declare that: [please check each statement below to indicate your acknowledgement]

- ☐ I am at least eighteen (18) years of age.
- ☐ I am not an undischarged bankrupt.
- ☐ I am not an employee of the ARFHT.
- ☐ I have not been an employee of The Ancient Rivers Family Health Team within the last two years.
- ☐ I do not live in the same household as an employee of the ARFHT.
- ☐ I have not within the last two (2) years been either a party to a contract with the Corporation or an employee or service provider to an entity that is a party to a contract with the Corporation where the duties and services are similar to those provided by an employee of the Corporation.

2. Name and Residential Address (please print clearly)

Name: _____

Address: _____

Phone: _____Email: _____

3. Work Address (if not applicable, please indicate):

_____

Phone: _____Email: _____

4. Review of Director's Responsibilities

I confirm that I have reviewed Appendix "A" to this Application and agree that, if I am appointed as a Director of the Ancient Rivers Family Health Team, I: [please check each statement below to indicate your acknowledgement]

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- ☐ will support the Vision, Mission and Principles of the Ancient Rivers Family Health Team;
- ☐ will advise the Board of the Ancient Rivers Family Health Team if there is a circumstance that would cause me to automatically vacate the Office of Director;
- ☐ will abide by the conflict of interest and confidentiality provisions governing Directors;
- ☐ if selected will sign the Director's Declaration;
- ☐ have read and understood the Roles and Responsibilities of Directors;
- ☐ will cooperate with and assist the Board to fulfill its responsibilities to the Ancient Rivers Family Health Team;
- ☐ will exercise my powers and discharge my duties as Director as required by law; and
- ☐ understand that I will not be compensated for my services as a Director (as required by the law for not-for-profit organizations), although I may be reimbursed for approved out-of-pocket expenses incurred for meetings and educational events in relation to the performance of my duties as a director.

5. Profile

I understand that the Ancient Rivers Family Health Team wants to ensure that its Board of Directors has the necessary skills and experience to govern the Ancient Rivers Family Health Team and that the Board reflects the breadth, depth and diversity of the communities served by Ancient Rivers Family Health Team, including the demographic, cultural, linguistic, economic, geographic, gender, ethnic and social characteristics of the communities served by Ancient Rivers Family Health Team.

To assist the Ancient Rivers Family Health Team in establishing a Board that meets these objectives, I am providing the information requested below:

1. I have skills, expertise or experience in the following areas: [please check all that apply]
   - ☐ Community leadership;
   - ☐ Information system management;
   - ☐ Facility/management;
   - ☐ Health care;
   - ☐ Finance;
   - ☐ Law;
   - ☐ Governance Marketing and communications;
   - ☐ Government Relations;
   - ☐ Business management;
   - ☐ Human Resource Management;
   - ☐ Strategic Planning

2. My current occupation, if any, is: _____

3. Gender _____

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4. Languages: ☐ English ☐ French

Other: _____

5. Resume

A copy of a current resume or a brief biographical sketch (for example, a half page about your work and community experiences) must accompany your application for consideration.

6. Conflict of Interest

Below I disclose my participation or affiliation with any organizations that may create an actual or perceived conflict of interest with Ancient Rivers Family Health Team:

DECLARATION: If my application is approved, I agree to act as a Director of Ancient Rivers Family Health Team and, in my capacity as a Director of ANCIENT RIVERS FAMILY HEALTH TEAM, I shall always act honestly and in good faith. As a Director of Ancient Rivers Family Health Team I agree that I shall abide by Ancient Rivers Family Health Team's By-Laws and policies and all governing legislation. I fully understand that any errors in my application may result in my application for consideration as a Director being refused or my Directorship being revoked. I undertake to advise Ancient Rivers Family Health Team immediately in writing of any change in the information contained in this Application.

PRINT NAME OF APPLICANT _____

SIGNATURE OF APPLICANT _____

DATE _____

Phone number where applicant may be reached during daytime: _____

Preferred E-mail address: _____

PLEASE FORWARD COMPLETE APPLICATION AND REQUESTED DOCUMENTS TO:

Board of Directors
Ancient Rivers Family Health Team
100 Health Village Lane, Suite 101B
Renfrew, Ontario K7V 0C3
info@arfht.ca