



La Fondation
Hôpital général
de la baie
Georgienne

**Georgian Bay
General Hospital
Foundation**

Georgian Bay General Hospital Foundation

Board of Directors and Committee Volunteer Application Form

Applicant Information

Full Name: _____

Home Address: _____

Email Address: _____

Primary Phone: _____

Interest and Motivation

1. Please briefly explain why you are interested in serving as a Board or Committee volunteer with the Georgian Bay General Hospital Foundation:

2. What areas of Board or Committee service are of particular interest to you (e.g., Finance, Audit & Risk, Governance, Fundraising, Community Engagement)?

Experience and Skills

3. Please summarize your relevant experience, including any current or past board, committee, or governance roles:



4. What skills, perspectives, or unique contributions would you bring to the Foundation?

5. Please describe your background or experience related to the oversight, governance, or administration of a non-profit organization or registered charity:

Availability and Eligibility

6. Are you able to commit a minimum of approximately two (2) hours per month to this role?

Yes No

7. Please confirm the following eligibility criteria (as required under the Ontario Not-for-Profit Corporations Act (ONCA) and Foundation bylaws):

- You are at least eighteen (18) years of age. Yes No
- You are a Canadian citizen or permanent resident. Yes No
- You are not an undischarged bankrupt. Yes No

Optional Self-Identification (Voluntary)

The Foundation is committed to diversity, equity, and inclusion. This information is voluntary and will be used only in aggregate form for governance and recruitment.

- Indigenous (First Nations, Métis, or Inuit): Yes No
- Member of a visible minority group: Yes No



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- Person with a disability: Yes No
- Francophone: Yes No

Supporting Documentation

Please attach a current résumé or curriculum vitae (CV).

Privacy and Confidentiality Notice

Personal information is collected for the purpose of assessing eligibility and suitability for Board or Committee service. Information will be handled in accordance with applicable privacy legislation, including the Personal Information Protection and Electronic Documents Act (PIPEDA), and the Foundation's Privacy Policy. Access is limited to individuals directly involved in the governance recruitment process.

Declaration and Consent

I certify that the information provided is true and complete. I acknowledge that appointment is subject to Board approval, reference checks, and compliance with the Foundation's bylaws, policies, and the Ontario Not-for-Profit Corporations Act (ONCA).

Signature: _____ Date: _____

Submission Details

Georgian Bay General Hospital Foundation

Attention: Chair, Board of Directors

PO Box 760, Midland, ON L4R 4P4

Email: macmillang@gbgh.on.ca