

### **Advisory Members required for Quinte Healthcare Corporation**

The County of Prince Edward may submit the names of three (3) individuals to be appointed as Advisory Members of Quinte Healthcare Corporation for a term of three years that shall run from dates to be determined by the Board.

#### **Application Form**

All applications for Advisory Membership shall complete the prescribed Application Form as posted on the Prince Edward County website [www.pecounty.on.ca](http://www.pecounty.on.ca) or by contacting the Clerks Office at the below address.

Application Forms will be received by the undersigned no later than **4:30 p.m. on Tuesday, November 17, 2009.**

At this time the County would like to thank everyone who applies, but only those selected by Council on November 24, 2009 to be nominated to sit as Advisory Members will be notified.

For more information please contact:

Victoria Leskie, Clerk  
332 Main Street  
Picton, ON K0K 2T0  
Tel: 613-476-2148 Fax: 613-476-5727  
e-mail: [vleskie@pecounty.on.ca](mailto:vleskie@pecounty.on.ca)



**Quinte Health Care Corporation  
Application for Advisory Membership**

**Instructions**

To apply through a Municipality, Hospital Foundation or Hospital Auxiliary for appointment as an Advisory Member, you must complete this form and submit it to that organization as instructed by them, with a copy of your current resume or a brief biographical sketch.

To apply for appointment as an At Large Advisory Member, you must complete this form and submit it with a copy of your current resume or a brief biographical sketch to Quinte Health Care, 265 Dundas St. East, Belleville, Ontario K8N 5A9

I, \_\_\_\_\_ confirm the following:  
(please print name)

1. I have read and understand the Rights of Advisory Members as set out on the reverse.
2. I meet the Eligibility Criteria on the reverse of this form to be an Advisory Member.
3. I agree to abide by the Mission, Vision and Values and the By-Laws as they apply to my Advisory Membership.
4. I have attached a current resume or brief biographical sketch.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

Home Address:		Business Address:	
Home Telephone:		Business Telephone:	
Home Fax:		Business Fax:	
Home E-mail:		Business E-Mail:	

**Completed application forms must be received by December 1, 2009.**

**FOR OFFICE USE ONLY:**

Date received: \_\_\_\_\_ Date approved: \_\_\_\_\_

## **Application for Advisory Membership – Quinte Healthcare Corporation**

### **Term and Reappointment**

Advisory Members are appointed by the Board for a term of three (3) years that shall run from dates to be determined by the Board (initial terms shall expire at the annual meeting in 2013). An Advisory Member may be reappointed for one further term of three (3) years.

### **Rights of Advisory Members**

Advisory Members shall:

- (a) be entitled to notice of and to attend QHC Members meetings;
- (b) be entitled to receive the annual financial statements and the report of the auditor that a member is entitled to receive under the *Corporation Act*;
- (c) be entitled to nominate individuals for consideration by the Nominations Sub-Committee of the Board for election as Directors or for appointment as non-Director members of committees established by the Board;
- (d) be entitled to apply for appointment to serve as a non-Director voting member of the Nominations Sub-Committee and other Board Standing Committees (other than the Governance Committee and the Senior Leadership Assessment and Compensation Committee);
- (e) serve as an advisory group for the QHC Board of Directors and CEO to provide periodic advice (at a minimum semi-annually) in relation to QHC planning and priority setting and receive updates on hospital activities;

### **Advisory Membership Eligibility Criteria**

An Advisory Member is an individual who:

- (a) is eighteen (18) or more years of age;
- (b) has been a resident within the area served by the Corporation for a continuous period of at least three months immediately prior thereto or is employed in or carries on business in such area; and;
- (c) not an Excluded Person. An Excluded Person means (i) any employee or member of the Professional Staff of the Corporation; (ii) any individual who has been within the preceding five (5) year period an employee or member of the Professional Staff of the Corporation; (iii) any person who is a Family Member of a member of the Professional Staff or an employee of the Corporation; and (iv) an elected member of any municipal council within the area serviced by the Corporation. Family Member includes the spouse, parent, child, brother or sister of any person, and the spouse of any such child, parent, brother or sister and includes the partner of any person; "partner" means one of two persons who have lived together for at least one (1) year and have a close personal relationship that is of primary importance in both person's lives.

## ***Mission, Vision and Core Values***

### ***Our Vision***

*Healthy communities with accessible health care through partnership and innovation.*

### ***Our Mission***

*Through collaboration and partnership with others, the four sites of Quinte Health Care provide:*

- *quality health care as close to home as possible;*
- *health education to health professionals and the public;*
- *advocacy for sufficient resources to meet the needs of those we serve.*

### ***Our Core Values***

*We are committed to:*

- *compassion, dignity, respect and fairness for those we serve and each other;*
- *teamwork, collaboration and flexibility to meet the needs of our diverse communities;*
- *a positive attitude to the challenge of change;*
- *continuous improvement, development and empowerment of staff, volunteers and others to achieve their full potential; accountability to those we serve for our clinical, ethical and fiscal decisions.*