



## APPLICATION

### HHHS Board Finance Committee Community Representative

To assist the Nominating Committee in its review of your expression of interest for in the HHHS Board Finance Committee Community Representative position, please complete this form.

#### **A. Contact Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (bus.) \_\_\_\_\_

E-mail: \_\_\_\_\_

#### **B. Please provide a brief description of why you are interested in the HHHS Board Finance Committee Community Representative position.**

---

---

---

---

---

---

---

***Please attach information that you would like considered in the review of your application.***

---

***Thank you for your interest in HHHS***

#### ***Please return to:***

Michel Henry, Executive Assistant to the President and CEO and Board  
Haliburton Highlands Health Services, 7199 Gelert Road, Box 115, Haliburton, ON K0M 1S0  
or via e-mail to [mhenry@hhhs.ca](mailto:mhenry@hhhs.ca)