

## APPLICATION

### HHHS BOARD POSITIONS

To assist the Nominating Committee in its follow-up to your interest in a Board position, would you please complete the following:

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

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

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

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

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

#### **B. Please provide a Brief description of why you are interested in a Board position.**

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#### **C. Please attach a brief resume**

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***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)