



## TO THE APPLICANT

Thank you for your interest in serving Montrose Memorial Hospital, Inc., a Colorado community non-profit corporation, on its Board of Directors.

It is essential that we maintain a Board of Directors who are dedicated and knowledgeable.

Your application packet includes:

1. This letter with "Instructions for completing the Application packet";
2. Montrose Memorial Hospital, Inc. Director's Role and Responsibilities;
3. Application form;
4. Background Investigation Authorization form; and
5. An envelope to return the application.

All information included in your completed application will be used in our evaluation of your qualifications for your nomination to the Board. All of it will be handled as confidential and will only be made available to the Board of Directors and the Hospital's nominating committee.

Instructions for completing the Application packet:

1. Please read and sign the "Montrose Memorial Hospital, Inc. Director's Role and Responsibilities" document.
2. All items on the application should be filled in completely. If you need more room feel free to add additional pages.
3. If you include a resume, items indicated by an asterisk (\*) on the Application may be omitted, and you may refer to your resume.
4. Completed the Background Investigation Authorization form as completely as you can, and sign as indicated. This form will not be processed until after you have been nominated to be a Director and before you are considered for election. Results are considered confidential; however, the Nominating Committee must have access to them.

5. When you have finished, place items 2, 3, and 4, in the enclosed return envelope and bring it to the Hospital Administration Office or mail to Montrose Memorial Hospital, Attention Administration, 800 South 3<sup>rd</sup> Street, Montrose CO 81401.

If you have any questions please do not hesitate to call Rachel Collins, Executive Assistant, at 970-252-2560, or email to [BODapplications@montrosehospital.com](mailto:BODapplications@montrosehospital.com). **Applications are due by 5:00 p.m. on Friday, September 4, 2020.**

In the meantime, thank you for your consideration of a Directorship in MMHI.

Sincerely,

Sarah Abbott  
Chairperson, Nominating Committee



## **DIRECTOR'S ROLE AND RESPONSIBILITIES**

### **Legal Responsibility of a Director**

It is the legal responsibility of each Director to become knowledgeable about their individual fiduciary duties and the fundamental role of the Board.

### **Individual Fiduciary Duties**

The individual fiduciary principles that a Director is legally required to fulfill on behalf of the Board are the duty of obedience, the duty of loyalty, the duty of care and the duty of fitness.

1. **A duty of obedience** legally requires the Director to make decisions based on the charitable purpose of the organization.
2. **A duty of loyalty** legally requires the Director to make decisions based on what is in the best interest of the Hospital. Self-interest should not be a part of any Director's decision-making criteria. The duty of loyalty requires the individual Director to maintain confidential and private information and not share the same with individuals who are not on the Board.
3. **The duty of care** legally requires a Director to carry out their responsibilities in good faith and with the reasonable belief that their actions are in the best interest of the Hospital.
4. **A duty of fitness** legally requires the Director to be qualified and remain qualified to serve as a Director throughout their term.

### **Board's Fiduciary Duties**

The fundamental tools the Board uses to define the Board's fiduciary responsibilities are the Hospital bylaws, governance policies, professional standards, rules and regulations, and corporate responsibility and corporate compliance. The fundamental principles include the Board's fiduciary responsibilities in seeing to it the Hospital fulfills the needs of the community we serve; are consistent with our mission and vision, and provide services in absolute compliance with State and Federal laws and regulations promulgated thereto that govern Hospital operations. These policies, standards, and principles deal with and include very important legal principles.

### **Board's Role and Responsibilities**

The role of the Board is to govern, not manage, the organization. To that end, the Board carries out the following roles and responsibilities:

1. **Governance.** The Board has the exclusive control over the governance and operations of Hospital and its facilities and properties, including but not limited to, to make and adopt bylaws and governance policies for the Board's own guidance and for the Hospital as it deems expedient; the collection and expenditure of all Hospital funds, to establish rules and regulations for the use of the Hospital and the reasonable compensation for such use; and establish rules and regulations governing the medical staff.
2. **Management.** The Board has the responsibility to select, support, advise, evaluate and set compensation for the CEO. Further, to set the scope of work and goals for management and make management accountable to the Board of Directors. In addition, it must allow management to perform its responsibilities while ensuring that the Hospital's mission and Board's directives are accomplished.
3. **Strategic Planning.** The Board has the responsibility for setting and articulating the mission, vision, and strategic plan of what the Hospital is and should become in the future. "Strategic planning begins with defining who the Hospital serves, what it does for them, and at what cost."
4. **Financial.** The Board's responsibility is to properly manage and maintain the Hospital's facility and its finances so that it maintains the ability to service the needs of the community. This responsibility includes the approval and monitoring of annual operating budget.
5. **Quality.** The Board has the ultimate responsibility for the quality of care patients receive in the Hospital. The Board approves Medical Staff membership and confers privileges on physicians that allow them to practice in the Hospital. Critical to quality of care is the ongoing monitoring of a set of quality indicators and peer performance compared to similar hospitals.
6. **Accountability.** Inherent in Board responsibility are the elements of advisement, disclosure, acceptance and accountability. There must be advisement and disclosure to the Board of Hospital issues. The Board must accept responsibility of Hospital issues and be accountable for the same.

- 7. Compliance.** The Board has responsibility for the Hospital's Compliance Program. This includes reviewing and approving policies and procedures designed to ensure the organization's compliance with all applicable legal, regulatory and ethical requirements. The responsibility also includes reviewing and approving the annual Compliance Plan and the employee Code of Conduct guidelines. The Board shall monitor the auditing and monitoring activity of the Compliance Program and monitor the status and resolution of compliance issues reported to the Compliance Committee. The Compliance Officer shall report such activities to the Board no less frequently than on a quarterly basis.

### **Individual Board Member Responsibilities**

- 1. Communication:** Board members must effectively communicate governance related issues with each other and management including asking the appropriate questions and offering respectful, unbiased opinions.
- 2. Participation and Preparation:** Board members should prepare for all Board and committee meetings and actively participate in the discussion.
- 3. Attendance:** Board members must make a reasonable effort to attend all Board and assigned committee meetings. At a minimum, Board members must be in compliance with the Board's agreed upon attendance policy.
- 4. Continuing Education:** Board members should educate themselves about health care and the duties of the Director. To this end, Board members should proactively engage in appropriate continuing education such as trustee conferences webinars, hospital association meetings, etc.

**I acknowledge that I have read and understand the Role and Responsibilities document, and I will faithfully carry out these duties as a Director of Montrose Memorial Hospital, Inc.**

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Signature

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Printed Name

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Date



## BOARD OF DIRECTORS APPLICATION

This application is for the position of DIRECTOR on the Board of Directors of Montrose Memorial Hospital, Inc., a Colorado community non-profit corporation. The application and the information contained in the finished version of the application will be handled in a confidential manner and this handling includes all enclosures to the application package and all attachments to the application.

The Board of Directors consists of nine (9) voting members, no more than two (2) may be active medical staff. The term of a Director shall be four (4) years with a limit of four (4) consecutive terms.

All members of the Board of Directors shall be residents of the County of Montrose and none may be elective or appointive state, county or city officials.

Employees, consultants and those who furnish goods or services of or to the Hospital and their family members shall not be eligible to serve on the Board of Directors until two (2) years have passed from the date of the last employment, consult, or the furnishing of goods or services with the Hospital. This shall not apply to active medical staff who provide services under contract as independent contractors and not as employees to the corporation.

Family members of all categories of Medical Staff shall not be eligible to serve on the Board of Directors.

At no time may more than one member of the same family serve on the Board of Directors.

Family is defined as spouse, domestic partner, children, parents, siblings, grandparents, and grandchildren.

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1. Name: \_\_\_\_\_ 2. DOB: \_\_\_\_\_

3. Address: \_\_\_\_\_

4. Email: \_\_\_\_\_ 5. Phone: \_\_\_\_\_

6. List the address(es) where have lived for the most recent five (5) years\*

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7. List the names and addresses of all employers for the past ten (10) years with dates of employment and position(s) held\*

8. Highest Level of Education\*

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9. Please write a paragraph as to your reasons for wanting to be elected a Director of Montrose Memorial Hospital, Inc.

\_\_\_\_\_

10. Please list three (3) character references not related to you.

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

11. Please describe any personal experience and/or skills that you feel may uniquely qualify you to be an MMHI Director.



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12. Please describe any business experience and/or skill that you feel may uniquely qualify you to be an MMHI Director.

**I hereby certify that I meet the requirements for directorship and acknowledge that the information and any documentation provided in this application is true and correct as of the date set forth below.**

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Signature

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Date

\* A resume is recommended but not required. If you include a resume and these items are included therein, you may refer to the resume.



**BACKGROUND INVESTIGATION AUTHORIZATION FORM**

I authorize Montrose Memorial Hospital and Pre-Check Inc. to make whatever inquiries it may deem necessary in connection with my contingent offer of employment, contract employment, volunteer work or in a student capacity. If my presence at Montrose Memorial Hospital is in the capacity of a student, information may be obtained from my school if available. If I have been offered employment, contract employment, or volunteer work, or information is not available from my school, Montrose Memorial Hospital and Pre-Check, Inc. have my permission to contact persons who may have information relating to my suitability for employment. I understand that information obtained by Montrose Memorial Hospital and/or Pre-Check, Inc., in accordance with this authorization, may include information pertaining to my character, general reputation, personal characteristics, work habits, mode of living, education, driving record, judgments, liens, arrests and convictions.

I authorize Montrose Memorial Hospital, without reservation, to furnish copies of this authorization and my application to any person(s) and/or consumer reporting agency(ies) in connection with the above purposes.

Name: \_\_\_\_\_  
First Middle Last Maiden

Aliases: \_\_\_\_\_

Position Applied For: Board of Directors Member

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver License: \_\_\_\_\_  
Number State Expiration

Please list all Cities and States that you have lived in for the past ten (10) years:

1. \_\_\_\_\_

2. \_\_\_\_\_

