



TO THE APPLICANT

Thank you for expressing an interest in serving on the Board of Directors for Montrose Memorial Hospital, Inc., a Colorado community nonprofit corporation.

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 information and any documentation provided 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. Complete 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 Regional Health, Attention: Administration, Board Support, 800 South 3rd Street, Montrose CO 81401.

If you have any questions, please do not hesitate to call Heather Roberts, Board Support, at 970-252-2679, or email to BODapplications@montrosehospital.com.

Applications are due by 5:00 p.m. on Friday, August 14th, 2026.

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

Sincerely,


Mary Vader (Jul 8, 2026 11:16:46 MDT)

Dr. Mary Vader
Chairperson, Nominating Committee



MONTROSE MEMORIAL HOSPITAL, INC. 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 principals 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.

- **A duty of obedience** legally requires the Director to make decisions based on the charitable purpose of the organization.
- **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.
- **A 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.
- **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 responsibility 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 rules 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 the 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 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 an annual operating budget.
5. **Quality.** The Board has the ultimate responsibility for the quality of care that 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 for 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 discussions.
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 healthcare and the duties of a Director. To this end, Board members should proactively engage in appropriate continuing education such as director 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.

Signature

Date: _____



**MONTROSE MEMORIAL HOSPITAL, INC.
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 information in this application, the enclosures and attachments will be treated confidentially.

BOARD OF DIRECTORS REQUIREMENTS:

- The Board of Directors consists of eleven (11) voting members. No more than two (2) may be active medical staff, and two (2) shall be appointed by Montrose County.
- 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 Hospital's service area.
- 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 of the Hospital.
- 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 (1) member of the same family serve on the Board of Directors. Family is defined as spouse, domestic partner, children, parents, siblings, grandparents, and grandchildren.

Failure to meet the above requirements will result in disqualification.

CONTACT INFORMATION

Name: _____ DOB: _____

Address: _____

Email: _____ Phone: _____

EDUCATION, PROFESSIONAL EXPERIENCE AND VOLUNTEER EXPERIENCE

**In lieu of answering the following four (4) questions, please feel free to attach a resume.*

List the addresses where you have lived for the most recent five (5) years

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

List your education and degree(s) received, if applicable.

List your memberships in other organizations (civic, charitable, volunteer, and professional).

COMITTEES

The Hospital Board of Directors involves active participation by Board Members on standing committees, both Board led, and Hospital led. Please indicate which Committee(s) you would be interested in serving on:

- _____ BOD Executive Committee
(If Member is elected as Board officer, Chairperson, Vice Chairperson, and Secretary, this Committee is Mandatory.) (Meets as necessary.)
- _____ BOD Building and Planning Committee
(TBD)
- _____ BOD Finance Committee
(Meets the 3rd Tuesday of each month, 5PM to 6:30PM, Hospital Conf Room A.)
- _____ BOD Governance Committee
(TBD)
- _____ BOD Nominating Committee
(TBD)
- _____ MRH PHO Board Representative
(Meets Quarterly; the 2nd Tuesday of January, April, July, October; 5:30PM to 7:00PM, Hospital Conf Rm A.)
- _____ MRH Quality Council Representative
(Meets the 3rd Thursday of each month, 12:00PM to 1:30PM; virtually.)
- _____ San Juan Cancer Center (SJCC)
(TBD)

Please describe the skills you would bring to your selected Committee(s).

QUESTIONS AND REFERENCES

Please describe the reasons you want to be elected to the Board of Directors of the Hospital.

Please describe the personal experience and/or skills that you feel uniquely qualify you to serve on the Board of Directors of the Hospital.

Please describe any business experience and/or professional skills that you feel uniquely qualify you to serve on the Board of Directors of the Hospital.

Please list three (3) people, not related to you, from whom we may request a reference regarding your application to serve on the Board of Directors of the Hospital.

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.

Signature: _____

Date: _____



BACKGROUND INVESTIGATION AUTHORIZATION FORM

I authorize Montrose Memorial Hospital, Inc. 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, Inc. 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, Inc. 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, Inc., 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: MMHI 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. _____

3. _____
4. _____
5. _____

Please list educational institutions, degree, diploma, or certification received, and dates attended:

1. _____
- | School Name | City/State | Dates Attended | Degree/Diploma |
|-------------|------------|----------------|----------------|
|-------------|------------|----------------|----------------|
2. _____
- | School Name | City/State | Dates Attended | Degree/Diploma |
|-------------|------------|----------------|----------------|
|-------------|------------|----------------|----------------|
3. _____
- | School Name | City/State | Dates Attended | Degree/Diploma |
|-------------|------------|----------------|----------------|
|-------------|------------|----------------|----------------|
4. _____
- | School Name | City/State | Dates Attended | Degree/Diploma |
|-------------|------------|----------------|----------------|
|-------------|------------|----------------|----------------|

Signature

Date: _____

BACKGROUND CHECK: You will submit this form to use when applying for the position; however, it will not be processed until, if and when, you are nominated for the position.

All employees of the Hospital and all non-employee staff are required to submit to certain background checks. Our governance policy of MMHI requires the same checks be made on all members of the Board of Directors.

The results of these queries will be kept confidential but will be reviewed by the Nominating Committee prior to submitting your nomination to the full board for consideration.