

## AD-HOC COMMITTEE APPLICATION FORM

APPLICANT INFORMATION		
First Name:	Last Name:	Date:
<input type="checkbox"/> Audiologist <input type="checkbox"/> Speech-Language Pathologist <input type="checkbox"/> Communication Health Assistant		
Which language(s) are you proficient in? <input type="checkbox"/> English <input type="checkbox"/> French		
Preferred Address:		
Preferred Phone:		Preferred Email:
AD-HOC COMMITTEE		
THE ROLE OF SPEECH-LANGUAGE PATHOLOGISTS IN LONG-TERM CARE		
Would you be willing to Chair this committee? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe		
SELF IDENTIFICATION		
<i>SAC encourages nominations from members who identify as First Nations, Métis and Inuit peoples, members of visible minorities, persons with disabilities, and those who identify as gender diverse. Members with experience working with marginalized populations and knowledge of cultural safety and humility would also be helpful to support our work. SAC is committed to achieving a diverse representation on all committees and working groups and being inclusive towards all.</i>		
Age: <input type="checkbox"/> 18-34 <input type="checkbox"/> 35-49 <input type="checkbox"/> 50-65 <input type="checkbox"/> 65+		Languages spoken (other than English):
<b>Do you identify as an Indigenous person?</b> <i>An Indigenous person is First Nations (Status/Non- Status), Métis or Inuit.</i> <input type="checkbox"/> No, I do not identify as an Indigenous person <input type="checkbox"/> Yes, I identify as an Indigenous person <input type="checkbox"/> Prefer not to answer		
<b>Do you identify as a visible minority?</b> <i>A member of a visible minority in Canada is someone (other than an Indigenous person, defined above), who self-identifies as non-white in colour or not-Caucasian in racial origin, regardless of birthplace or citizenship.</i> <input type="checkbox"/> No, I do not identify as a visible minority <input type="checkbox"/> Yes, I identify as a person with visible minority <input type="checkbox"/> Prefer not to answer		
<b>Do you identify as a person with different ability?</b> <i>Persons with different ability refers to someone who has a long-term or recurring physical, mental, sensory, psychiatric or learning impairment.</i> <input type="checkbox"/> No, I do not identify as a person with different ability <input type="checkbox"/> Yes, I identify as a person with different ability <input type="checkbox"/> Prefer not to answer		
<b>What is your gender identity?</b> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary (e.g. genderqueer, agender, polygender, and genderfluid) <input type="checkbox"/> Prefer not to answer		

### REASONS FOR VOLUNTEERING

Please describe why you are volunteering for this ad hoc committee, including any relevant personal experience.

### WORK EXPERIENCE

Please list your work experience that will assist you in serving on this committee:

## VOLUNTEER EXPERIENCE

Past SAC and/or provincial, territorial, regulatory volunteer experience and other volunteer activities.

Save your completed form as a new document and email it to [volunteer@sac-oac.ca](mailto:volunteer@sac-oac.ca). If you have not received an email confirming receipt of your application within three business days of applying, contact Amy Childs [amy@sac-oac.ca](mailto:amy@sac-oac.ca).