

STANDING 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:

SELF IDENTIFICATION

SAC encourages applications 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 the Board. SAC is committed to collecting this information as a means to assessing our progress in achieving diverse committees, representative of the public it serves and being inclusive towards all.

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):
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Do you identify as an Indigenous person? *An Indigenous person is First Nations (Status/Non- Status), Métis or Inuit.*

No, I do not identify as an Indigenous person
 Yes, I identify as an Indigenous person
 Prefer not to answer

Do you identify as a visible minority? *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.*

No, I do not identify as a visible minority
 Yes, I identify as a visible minority
 Prefer not to answer

Do you identify as a person with a disability? *Persons with disabilities means a person who has a long-term or recurring physical, mental, sensory, psychiatric or learning impairment.*

No, I do not identify as a person with different ability
 Yes, I identify as a person with different ability
 Prefer not to answer

What is your gender identity?

Man
 Woman
 Non-binary (e.g. genderqueer, agender, polygender, and genderfluid)
 Prefer not to answer

STANDING COMMITTEES

Please indicate which committee(s) you are interested in:

REASONS FOR VOLUNTEERING

Please advise why you are interested in volunteering for the opportunity you have identified:

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. If you have not received an email confirming receipt of your application within three business days of applying, please contact Amy Childs (amy@sac-oac.ca).