

| Committee Experience: | | | |
|---|--|----------------------|--|
| Do you have experience participating as a member of a committee either through paid work or as a volunteer (for example, through a school or community group)? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| If you answered yes, please tell us a bit about the committee and briefly describe your role: | | | |
| How long were you involved with this committee? <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-7 years <input type="checkbox"/> 7-10 years <input type="checkbox"/> More than 10 years | | | |
| What skills do you have that would make you an effective member of the Consumer and Family Advisory Council? | | | |
| Thank you again for your interest in Nucleus Independent Living's Consumer and Family Advisory Council and for taking the time to complete this form. Please be aware there are a limited number of positions on the Council and candidates are selected based on their ability to participate and contribute to the work of Nucleus. For those who apply but are not selected for the Council, there may be future opportunities to participate in other ways. If you are not selected for the Council, may we contact you in the future about other engagement opportunities at Nucleus Independent Living? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Please specify the times when you are able to attend meetings (select all that apply): <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings Specify any time restrictions: | | | |
| By submitting this application: <input type="checkbox"/> I have read and agree with the consumer advisory Council's Terms of Reference <input type="checkbox"/> I understand that submitting this application and/or being interviewed does not guarantee a position as a Consumer and Family Advisory Council member <input type="checkbox"/> I understand upon acceptance as a Consumer and Family Advisory council member, I will be required to complete a police background check; declare any conflicts of interest and sign a confidentiality agreement <input type="checkbox"/> I am able to provide two (2) character references and provide permission for these references to be contacted to discuss my application | | | |
| References – please provide the names and contact information of two references that are not related to you: | | | |
| Name (print): | | Contact Information: | |
| Name (print): | | Contact Information: | |
| Signature: | | Date: | |

Please complete and return this form to:

Attention: Consumer Advisor Council, Nucleus Independent Living, 2030 Bristol Circle, Suite 110, Oakville, Ontario L6H 0H2
Personal information contained on this form is collected and used for the purpose of Consumer Advisor Council membership selection at Nucleus Independent Living. We will not share this information otherwise without permission from the applicant. Nucleus reserves the right to accept or not accept Consumer Advisory Council applicants. Consumer Advisory Council members are selected according to their interest, skills, suitability, and the needs of the organization. Nucleus Independent Living reserves the right to release a Consumer Advisory Council member from his/her position if, in the opinion of the organization, continuance of the Consumer Advisory Council membership could cause a detriment to the organization.