



Community Advisory Committee Candidate Application

Thank you for your interest in becoming a member of the **Community Advisory Committee of Supporting Our Youth**.

Please complete and submit this application by **NOON Thursday May 15, 2008** via email to gmacdonald@sherbourne.on.ca , or by mail to:

ATTN: CAC Recruitment
 SOY – Supporting Our Youth
 333 Sherbourne Street, 2nd Floor
 Toronto, ON M5A 2S5

1. What areas of the SOY Community Advisory Committee work are of particular interest to you or that you have an experience in? (Please check, circle or bold all that apply.)

	Interested in:	Experience in:
Anti-Oppression/Equity Issues	<input type="checkbox"/>	<input type="checkbox"/>
Community Development	<input type="checkbox"/>	<input type="checkbox"/>
Education Training	<input type="checkbox"/>	<input type="checkbox"/>
Finance/Accounting	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	<input type="checkbox"/>
General Management	<input type="checkbox"/>	<input type="checkbox"/>
Human Resource Management	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>
Program Planning & Development	<input type="checkbox"/>	<input type="checkbox"/>
Project management	<input type="checkbox"/>	<input type="checkbox"/>
Public & Media Relations	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>
Social Services	<input type="checkbox"/>	<input type="checkbox"/>
Special Events	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Management	<input type="checkbox"/>	<input type="checkbox"/>
Website Development	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Please list any previous volunteer experience:

Position/Title	Organization	Dates

3. How will being a member of the SOY Community Advisory Committee be good for you personally? (Please use as much space as necessary)

4. How do feel you could best contribute to SOY and the Community Advisory Committee? (Please use as much space as necessary)

5. From our experience, CAC members spend about 3-5 hours a month on SOY matters. Depending on your level of involvement and commitment, this time might increase. Do you see this as a problem? (Please use as much space as necessary)

6. What is your understanding of some of the diverse issues facing LGBTQ or questioning youth in Toronto? (Please use as much space as necessary)

7. How do you see the role of the Community Advisory Committee in an organization such as Supporting Our Youth? (Please use as much space as necessary)

8. Please supply two references: At least one should be from someone with whom you have worked in an employment capacity or as part of a group.

Name	Title	Organization	Contact Info

APPLICANT INFORMATION

Applicant's Last Name

First Name

--	--

Home Address

Unit #

--

City

Postal Code

--

	-		-	
--	---	--	---	--

Personal Email (Please use proper case)

--

Do you identify as a youth (age 29 and under)?

Yes No

Home Phone

Cell Phone

	-		-	
--	---	--	---	--

	-		-	
--	---	--	---	--

Home Fax

Pager

	-		-	
--	---	--	---	--

	-		-	
--	---	--	---	--

Occupation

--

Place of Occupation

--

Occupation Address

Suite #

--

City

Postal Code

--

	-		-	
--	---	--	---	--

Work Email (Please use proper case)

--

Work Phone

Work Fax

	-		-	
--	---	--	---	--

	-		-	
--	---	--	---	--

May we contact you at (Please mark YES or NO):

Y/N	Personal	Y/N	Work
	Home Address		Work Address
	Home Phone (Detailed Message)		Work Phone (Detailed Message)
	Home Phone (Name Only Message)		Work Phone (Name Only Message)
	Personal Email		Work Email
	Home Fax		Work Fax
	Cell Phone		

We are very interested in ensuring the Community Advisory Committee reflects the diversity of the broader LGBTQ community and of the community involved with SOY. Please tell us about how your participation on the CAC would contribute to this diversity. (Please use as much space as necessary)

SIGNATURE

Please allow my name to stand for nomination to the Community Advisory Committee of Supporting Our Youth (SOY). I am willing to commit my time to SOY.

Signature _____ Date _____