

**DOWNTOWN EAST TORONTO ONTARIO HEALTH TEAM**

**COMMUNITY ADVISORY COUNCIL (CAC) APPLICATION FORM**

**Thank you for your interest in joining the Downtown East Toronto Ontario Health Team CAC. To apply to be a member of our CAC group please complete the form below.**

**Name:** Click or tap here to enter text.

**(Preferred Pronoun)**

**(First)**

**(Last)**

**Do you live or receive service in Downtown East Toronto region 󠄆**[ ] **Yes** [ ] **No**

**Email Address:** Click or tap here to enter text. **Phone Number:**Click or tap here to enter text.

**What is the best way to contact you and when?**Click or tap here to enter text.

**Can we leave a message? (Yes/No):**[ ]  **Yes** [ ] **No**

**Please answer the following questions:**

* What interests you about being a member of the Community Advisory Council?
Click or tap here to enter text.
* What experiences from your life, work or volunteer background is applicable?

Click or tap here to enter text.

* How do you feel you could support the Community Advisory Council?

Click or tap here to enter text.

* The council will meet monthly, with additional commitments for committees, workgroups or special projects on a needs basis. Would you be able to make that commitment? If no, how many times would you be able to meet?

Click or tap here to enter text.

* Meetings are virtual now and will be in-person in the future. Are you okay with this and will you need any support to participate?

Click or tap here to enter text.

* Is there anything else that you would like to share?

Click or tap here to enter text.

**APPLICANT’s SIGNATURE:**Click or tap here to enter text. **DATE:** Click or tap to enter a date.

**Please email your completed application form to:** **detoht@smh.ca****If you have questions or would like support with filling out, understanding or sending in the application please email: detoht@smh.ca**

\*All information contained on this form is considered confidential and is intended for use by only the CAC Membership Committee