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| **Warrior Society Member Application Form** |
| *Please note: If your application is successful, you will be required to complete and submit a criminal background* *check within 30 days of being notified.* |
| **Your Information: *(Your information will be kept confidential)*** |
| Name: |  |
| Address: |
| City: | Province/Territory: | Postal Code: |
| Email Address: | Phone: |
| Indigenous Identity: □Inuit □ Metis □ First Nation | Nation affiliation: |
| CAAN has an Indigenous Identity Policy, please provide evidence of Indigenous Identity. |
| **Qualifications and Experience** |
| Provide a summary of your relevant work or volunteer experience related to this opportunity. |
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| Are you a person with lived experience of HIV/AIDS? □ Yes □No. HEP C? □ Yes □No□ Prefer not to say |
| Have you been involved in community organizing, advocacy efforts or support groups related to HIV/AIDS? □Yes □NoIf yes, please describe your involvement and contributions: |
|  |
| Are you currently on any other boards or committees? □Yes □ NoIf yes, please list them: |
|  |
| Please describe any experiences, training, or skills you possess that demonstrate strongcommunication and interpersonal abilities: |
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| **CAAN Warrior Societies** |
| CAAN Communities, Alliances & Networks has three Standing Warrior Societies. Please indicate yourpreference by selecting the Warrior Society committee you wish to join: |
| □ Warrior Society - Voices of Women (**VOW**) |

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| * Warrior Society - Indigenous Person Living with HIV/AIDS (**IPHA**)
* Warrior Society - Indigenous Person with lived experience with HCV (**IPHC**)
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| *The Warrior Society Members’ first year will be a one-year term ONLY.* |
| What qualities, skills, and experience do you have that you will bring to the selected Warrior Society? |
|  |
| **Availability and Commitment** |
| Are you willing and able to:Attend quarterly virtual Warrior Society meetings? □ Yes □ No Occasional travel for meetings or conferences.? □ Yes □ No |
| If you selected no for either question above, please explain: |
| Do you have basic proficiency in using online platforms for virtual meetings? □ Yes □ No |
| **Additional Information** |
| Is there anything else you would like to share with the committee regarding your interest,qualifications, or contributions? |
|  |
| **Signature and Date** |
| **Applicant’s Signature** | **Date** |
| **Submission Details:** |
|  **Please forward your application to:****Leona Quewezance, Visionary Director of Indigenous Practices****At****LeonaQ@caan.ca** |

***Jacqui Juba***

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***Jacqui Juba***

2024-10-03 20:15:55

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leonaq@caan.ca