



Region of Queens Municipality
**INCLUSION QUEENS ADVISORY COMMITTEE
APPLICATION**

Applicants Name:

Mailing Address:

Civic Address:

Phone:

Cell:

E-mail address:

Pronouns:

Applicants are encouraged to note if they identify with any of the following diverse groups:

Indigenous

Person with a Disability

African Nova Scotian

Racialized Person

2SLGBTQIA+

Other (Please specify)

Youth

Please explain your reasons for applying to be a member of the Inclusion Queens Advisory Committee?

Have you participated in any diversity training in the past five years? (If so, please explain)

Are you a member of a group that identifies with diversity and inclusion issues now? (If so, please explain)

What do you hope will be achieved by the Committee and Municipality after volunteering on this Committee for two years?

I confirm that this application is true to the best of my knowledge and is being submitted in accordance with the application criteria and no information that may lead to my application being deemed ineligible or inappropriate has been withheld.

Signature: Date:

Submit Applications to the Municipal Clerk
clerk@regionofqueens.com

OFFICE USE ONLY

Date Application Received: Initials:

Approved: YES NO

Conditions / Reasons (if any):

Membership Start Date: End Date: