

Region of Queens Municipality
DIVERSITY AND INCLUSIVE ACTION TEAM APPLICATION

Applicants Name: _____

Mailing Address: _____ Civic Address: _____

_____ Phone: _____

_____ Cell: _____

E-mail address: _____

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

Indigenous

African Nova Scotian

LGBTQ2S+

Youth

Person with a Disability

Religious Affiliation

Racially Visible Person

Other (Please specify) _____

Please explain your reasons for applying to be a member of the Queens County Diversity and Inclusion Action Team?

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 Action Team and Municipality after volunteering on this Action Team for three 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 Accessibility & Inclusion Coordinator
diversity@regionofqueens.com

OFFICE USE ONLY

Date Application Received: _____ Initials: _____

Approved: YES NO

Conditions / Reasons (if any): _____

Membership Start Date: _____ End Date: _____