# Community Partner Application Form



Thank you for your interest in becoming an Algoma Ontario Health Team (AOHT) community partner. Please fill out the following application and submit to [info@algomaoht.ca](mailto:info@algomaoht.ca) by January 9, 2022. An online application can be found at <https://forms.gle/kGEUeucTLccdroBf8>. Please call 705-989-4813 with any questions or for support filling out an application.

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| First and Last Name: |  |
| City/Town of Residence: |  |
| Email Address: |  |
| Primary Phone Number: |  |
| Secondary Phone Number: |  |
| What is the best way to contact you? | Phone  Email  Other (please specify): \_\_\_\_\_\_\_\_ |
| When is the best time to contact you? | Days  Evenings  Weekends  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I identify as a: | Patient or Client that is 65+  Family Member of a Patient/Client that is 65+  Caregiver of a Patient/Client that is 65+  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_ |
| I have previous experience as an advisor for health or social services: | Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No |
| How did you hear about this opportunity? | AOHT Website  AOHT Social Media  Word of Mouth  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Effective partnership and engagement must reflect the diversity of community we serve. To ensure that decisions being made reflect and respond to a broad range of lived experience, we welcome and encourage applications from a variety of backgrounds and perspectives.

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| **Please note that the following four questions are optional.** | |
| I identify as: | Francophone  Indigenous, First Nations, Métis, or Inuit  A racialized or visible minority  White  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prefer not to say |
| I identify as low income: | Yes  No  Prefer not to say |
| I identify as having a disability: | Yes  No  Prefer not to say |
| My education level is: | Grade school  High school  Undergraduate degree  Graduate degree  Other: \_\_\_\_\_\_\_\_\_\_\_ |

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| Which services do you (or your family member/the person you care for) have experience accessing? (Please check all that apply): | Family Doctor or Nurse Practitioner  Geriatric Services (e.g., Algoma Geriatric Clinic)  Community Care (e.g., Alzheimer Society, Memory Clinic)  Emergency Department  Long Term Care  Home Care  Social Services  Mental Health and Addictions Services  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How frequently do you (or your family member/the person you care for) access health and/or social services? | More than 1-2 times per month  1-2 times per month  Once every 6 months  Once a year or less  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_ |

Please provide the name of a person who will provide a character reference for you. You may ask your health care provider, a colleague, or a friend to be a reference for you. By filling out this section, you consent to our team contacting this reference to discuss your application.

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| Name: |  |
| Relationship: |  |
| Phone Number: |  |
| Email Address: |  |

Please write brief but descriptive answers to the following questions in the spaces provided.

1. **Why are you interested in becoming an AOHT community advisor?**

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1. **What are some of the specific things that health and social services are doing well in Algoma?**

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1. **What are some of the things you would like to see health and social services do better in Algoma?**

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1. **Do you have any special interests in regards to health and social services?**

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1. **When is your availability for meetings (daytime, evenings, weekends)? Please describe any perceived barriers to your participation.**

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| **Conditions of Application:**   * I give the AOHT permission to talk about my application with the above character reference * I have read the community advisor description and can commit time to participate in working group activities * I understand that I am not guaranteed an advisory role with the AOHT * I understand that I may withdraw my application at any time | |
| **Signature:** | **Date:** |

All information contained on this form is **considered confidential and is only intended for use by AOHT members**. You may be contacted to participate in an informal interview. Please email completed applications to [info@algomaoht.ca](mailto:info@algomaoht.ca).