# 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 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.