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| TDSB EQUITY POLICY COMMUNITY ADVISORY COMMITTEE MEMBER APPLICATION | |
|  |  |
| Name: |  |
| Address: |  |
| Telephone Number: |  |
| E-Mail Address: |  |

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| I am willing and available to commit to participating as a voting member of the Equity Policy Community Advisory Committee for a term of two years and hereby submit my notice of intent as to join as a:  Voting Member OR Non-Voting Member (please indicate choice below) | | |
| I wish to join as one of 6 Community Agency Voting-Members: \* | Yes | No |
| Or one of 8 Parent/ Caregiver/ Guardian Voting-Members: | Yes | No |
| I wish to join as a designated Non-Voting Member as a representative of another TDSB Community Advisory Committee \* | Yes | No |
| Or as a designated Non-Voting Member as a representative of my union, federation or professional association. \* | Yes | No |
| I am familiar with TDSB Equity Policies and related procedures: | Yes | No |

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| Voting Membership Application Information Required: | | | | | | | |
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| **I am a Parent / Caregiver / Guardian** of a current pupil who is enrolled in the TDSB and from one or more various equity seeking communities/identities. | | | | | | **Yes** | **No** |
| What area of the city do you live in? (please indicate ONE) | | **Scarborough** | **Toronto** | **Etobicoke** | **North York** | **East**  **York** | **York** |
|  | | | | | | | |
| **I am the representative of a Community Agency,** organization, alliance and/ or social planning group that reflects the TDSB’s equity policy commitments and promote as part of our core mission anti-oppression and equity. | | | | | | **Yes** | **No** |
| My organization has a commitment focus specifically in these following communities:  (select all that apply) | | | | | | | |
| 1)Anti-Racism and Ethno-cultural Equity | | | | | | **Yes** | **No** |
| 2)Anti-Sexism/Transphobia, Gender-based Violence Prevention and Gender Identity and Gender Expression Equity | | | | | | **Yes** | **No** |
| 3)Anti-Homophobia, Sexual Orientation Equity | | | | | | **Yes** | **No** |
| 4)Anti-Classism and Socioeconomic Equity | | | | | | **Yes** | **No** |
| 5)Equity for Persons with Disabilities | | | | | | **Yes** | **No** |
| 6) Other communities identified by TDSB Equity policy or and or the Ontario Human Rights Code (please specify) | | | | | | | |
| **Name of the Community Agency/Organization:** |  | | | | | | |
| **Address:** |  | | | | | | |
| **Phone Number:** |  | | | | | | |
| **Website URL:** |  | | | | | | |
| **Alternate Member (if possible):** |  | | | | | | |

**\*Note: Community Organizations and Non-Voting members (designated by CACs and unions/ federations/ associations) seeking membership must submit a letter from the organization’s Director (or executive body in the case of CACs and unions, i.e. Co-Chair/ Presidents) designating the applicant as it representative, as well as naming any alternates. Letters and application forms must be submitted together.**