



Selection Process for Membership on the TCDSB
Indigenous Education Advisory Committee



**MEMBER APPLICATION FORM FOR INDIGENOUS
EDUCATION ADVISORY COMMITTEE**

Individuals are requested to complete the following application form for consideration to be a member of the TCDSB Indigenous Education Advisory Committee:

- Application Position: Parent Representative Community Representative
 Board Representative School Administrator Representative
 Teacher Representative Education Support Staff Representative

Surname:		First Name:	
Home Phone:		Cell Phone:	
E-mail address:			
Child(ren)'s School(s):			
<p>1. List the TCDSB or other community organizations/groups in which you are currently a member and provide a brief outline of your role within each of these organizations.</p>			
<p>2. Briefly outline the reasons why you are interested in being a member of this committee:</p>			
<p>3. Would your personal and/or professional experiences place you in a Conflict of Interest in regards to being a member of this Committee:</p> <p><input type="checkbox"/> NO <input type="checkbox"/> YES Explain</p>			

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4. Have you been selected to be part of another TCDSB Committee within the past 12 months? <input type="checkbox"/> NO <input type="checkbox"/> YES Please specify the Committee
5. Provide any additional comments to be considered in regards to your participation on this committee.
6. Do you support the Catholic Mission/Vision of TCDSB?
7. **Optional: Please indicate** <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit

