

Warrior Society Member Application Form		
Please note: If your application is successful, you will be required to complete and submit a vulnerable record check within 30 days of being notified.		
Your Information: (Your information will be kept confidential)		
Name:		
Address:		
City:	Province/Territory:	Postal Code:
Email Address:		Phone:
Indigenous Identity: <input type="checkbox"/> Inuit <input type="checkbox"/> Metis <input type="checkbox"/> First Nation		Nation affiliation:
CAAN has an Indigenous Identity Policy, please provide evidence of Indigenous Identity.		
Qualifications and Experience		
Provide a summary of your relevant work or volunteer experience related to this opportunity.		
Are you a person with lived experience of HIV/AIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No. HEP C? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say		
Have you been involved in community organizing, advocacy efforts or support groups related to HIV/AIDS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe your involvement and contributions:		
Are you currently on any other boards or committees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:		
Please describe any experiences, training, or skills you possess that demonstrate strong communication and interpersonal abilities:		
CAAN Warrior Societies		
CAAN Communities, Alliances & Networks has three Standing Warrior Societies. Please indicate your preference by selecting the Warrior Society committee you wish to join:		
<input type="checkbox"/> Warrior Society - Voices of Women (VOW)		

<input type="checkbox"/> Warrior Society - Indigenous Person Living with HIV/AIDS (IPHA) <input type="checkbox"/> Warrior Society - Indigenous Person with lived experience with HCV (IPHC)	
<i>The Warrior Society Members' first year will be a one-year term ONLY.</i>	
What qualities, skills, and experience do you have that you will bring to the selected Warrior Society?	
Availability and Commitment	
Are you willing and able to: Attend quarterly virtual Warrior Society meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No Occasionally travel for meetings or conferences.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you selected no for either question above, please explain:	
Do you have basic proficiency in using online platforms for virtual meetings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Information	
Is there anything else you would like to share with the committee regarding your interest, qualifications, or contributions?	
Signature and Date	
Applicant's Signature	Date
Submission Details:	
Please send your completed application via email by: <p style="text-align: center;">February 9 by end of business day</p> <p style="text-align: center;">Attn: Indigenous Leadership Practitioner taniab@caan.ca Thank you for your application.</p>	