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| **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: □Inuit □ Metis □ 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? □ Yes □No. HEP C? □ Yes □No  □ Prefer not to say | | | |
| Have you been involved in community organizing, advocacy efforts or support groups related to HIV/AIDS? □Yes □No  If yes, please describe your involvement and contributions: | | | |
|  | | | |
| Are you currently on any other boards or committees? □Yes □ 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: | | | |
| □ Warrior Society - Voices of Women (**VOW**) | | | |

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| --- | --- |
| * Warrior Society - Indigenous Person Living with HIV/AIDS (**IPHA**) * Warrior Society - Indigenous Person with lived experience with HCV (**IPHC**) | |
| *The Warrior Society Members’ first year will be a one-year term ONLY.* | |
| 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? □ Yes □ No Occasional travel for meetings or conferences.? □ Yes □ No | |
| If you selected no for either question above, please explain: | |
| Do you have basic proficiency in using online platforms for virtual meetings? □ Yes □ 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 forward your application to:**  **Leona Quewezance, Visionary Director of Indigenous Practices**  **to**  **info@caan.ca** | |

***Jacqui Juba***

2024-10-03 20:15:29

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***Jacqui Juba***

2024-10-03 20:15:55

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[leonaq@caan.ca](mailto:leonaq@caan.ca)