Application for PWA Strategic Plan Steering Committee



Full name:	
Address: Postal Code:	
Daytime Phone #: () Evening #: ()	-
Permission to leave voicemail message: Yes No	
Permission to disclose PWA's name in voicemail message: Yes No	
We'd like to know how you identify so we can best represent the diverse communities living with I identify as: Female Gender Queer Male Transfemale Transmale Two Spirited None of the above: Bisexual Gay Lesbian Queer Straight Two Spirited None of the above:	
African Asian Caribbean Caucasian Eastern European Hispanic Middle Eastern South Asian Southeast Asian Western European None of the above: I am: 29 years old or younger between 30 and 54 years old 55 years old or older * If you are under the age of 16, permission from a parent or guardian is required.	Indigenous
Please tell us why you would like to join the PWA Strat Plan Steering Committee?	
Please tell us what you think are the biggest issues facing people living with HIV/AIDS in Toronto?)

Please list your leadership experience, including	s/other advisory committees), tions (voluntary and staff), and/or t Counsellor, PHA Legacy program, Positive
All information supplied in this application is treated or process of Strategic Plan Steering Committee membe	confidentially and will only be used in the recruitment rs.
Your Signature:	Today's Date:

Please return your completed application to Suzanne Paddock, Interim Executive Director, at the PWA office or through email: spaddock@pwatoronto.org or fax: (416) 506-1404