

## Community Partner Application Form

Thank you for your interest in becoming an Algoma Ontario Health Team (AOHT) community partner. Please fill out the following application and submit to [info@algomaohr.ca](mailto:info@algomaohr.ca) by January 9, 2022. An online application can be found at <https://forms.gle/kGEUeucTLccdroBf8>. Please call 705-989-4813 with any questions or for support filling out an application.

First and Last Name:	
City/Town of Residence:	
Email Address:	
Primary Phone Number:	
Secondary Phone Number:	
What is the best way to contact you?	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other (please specify): _____
When is the best time to contact you?	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Other (please specify): _____
I identify as a:	<input type="checkbox"/> Patient or Client that is 65+ <input type="checkbox"/> Family Member of a Patient/Client that is 65+ <input type="checkbox"/> Caregiver of a Patient/Client that is 65+ <input type="checkbox"/> Other (please specify): _____
I have previous experience as an advisor for health or social services:	<input type="checkbox"/> Yes (please specify): _____ <input type="checkbox"/> No
How did you hear about this opportunity?	<input type="checkbox"/> AOHT Website <input type="checkbox"/> AOHT Social Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other (please specify): _____

Effective partnership and engagement must reflect the diversity of community we serve. To ensure that decisions being made reflect and respond to a broad range of lived experience, we welcome and encourage applications from a variety of backgrounds and perspectives.

**Please note that the following four questions are optional.**

I identify as:	<input type="checkbox"/> Francophone <input type="checkbox"/> Indigenous, First Nations, Métis, or Inuit <input type="checkbox"/> A racialized or visible minority <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to say
I identify as low income:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
I identify as having a disability:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
My education level is:	<input type="checkbox"/> Grade school <input type="checkbox"/> High school <input type="checkbox"/> Undergraduate degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Other: _____
Which services do you (or your family member/the person you care for) have experience accessing? (Please check all that apply):	<input type="checkbox"/> Family Doctor or Nurse Practitioner <input type="checkbox"/> Geriatric Services (e.g., Algoma Geriatric Clinic) <input type="checkbox"/> Community Care (e.g., Alzheimer Society, Memory Clinic) <input type="checkbox"/> Emergency Department <input type="checkbox"/> Long Term Care <input type="checkbox"/> Home Care <input type="checkbox"/> Social Services <input type="checkbox"/> Mental Health and Addictions Services <input type="checkbox"/> Other: _____
How frequently do you (or your family member/the person you care for) access health and/or social services?	<input type="checkbox"/> More than 1-2 times per month <input type="checkbox"/> 1-2 times per month <input type="checkbox"/> Once every 6 months <input type="checkbox"/> Once a year or less <input type="checkbox"/> Other (please specify): _____

Please provide the name of a person who will provide a character reference for you. You may ask your health care provider, a colleague, or a friend to be a reference for you. By filling out this section, you consent to our team contacting this reference to discuss your application.

Name:	
Relationship:	
Phone Number:	
Email Address:	

Please write brief but descriptive answers to the following questions in the spaces provided.

**1. Why are you interested in becoming an AOHT community advisor?**

**2. What are some of the specific things that health and social services are doing well in Algoma?**

**3. What are some of the things you would like to see health and social services do better in Algoma?**

**4. Do you have any special interests in regards to health and social services?**

**5. When is your availability for meetings (daytime, evenings, weekends)? Please describe any perceived barriers to your participation.**

**Conditions of Application:**

- I give the AOHT permission to talk about my application with the above character reference
- I have read the community advisor description and can commit time to participate in working group activities
- I understand that I am not guaranteed an advisory role with the AOHT
- I understand that I may withdraw my application at any time

**Signature:**

**Date:**

All information contained on this form is **considered confidential and is only intended for use by AOHT members**. You may be contacted to participate in an informal interview. Please email completed applications to [info@algomaht.ca](mailto:info@algomaht.ca).