

**Call for New Members**  
**CAAN Aboriginal People living with HIV & AIDS (APHA)**  
**Leadership Standing Committee Application**

**Please send complete application by August 31, 2015 to: Trevor Stratton**

CAAN APHA Liaison: [trevor@caan.ca](mailto:trevor@caan.ca)  
**Canadian Aboriginal AIDS Network (CAAN)**  
**6520 Salish Dr. Vancouver, B.C. V6N 2C7**  
**Phone # (604) 266-7616 Fax # (604) 266-7612**



The CAAN ALSC is currently seeking new members. Seats are available for the regions of Alberta, BC, Alberta, Manitoba, Ontario and the Arctic (NU, NT, YK or Labrador).

If you are an APHA who wants to make a difference by becoming a CAAN ALSC member, we invite you to apply through this application process.

We welcome all diversity!!

**YOUR INFORMATION WILL BE KEPT IN THE STRICTEST CONFIDENCE**

**Date:**

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**Name:**

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**Address:**

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**City:**

**Province/Territory:**

**Postal Code:**

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**Home phone:**

**Cell/Mobile:**

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**E-mail Address:**

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**Job Title (if applicable):**

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**Name of Agency/Organization (if applicable):**

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<b>Aboriginal Ancestry:</b> (Please highlight or circle your selection)			
<b>I am an Inuk</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>I am Métis</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>I am First Nations</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>I am:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Trans <input type="checkbox"/>

(This Section is Optional)

The CAAN ALSC supports APHAs of all genders and sexual identities. If you are comfortable with sharing, please tell us your gender and/or sexual identity.

Heterosexual (straight)	<input type="checkbox"/>
2-Spirit	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Gay	<input type="checkbox"/>
Lesbian	<input type="checkbox"/>
Transgendered	<input type="checkbox"/>
Intersexed	<input type="checkbox"/>
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
I identify as:	

**PLEASE ANSWER THE FOLLOWING QUESTIONS AS BEST YOU CAN.**

1. What do you know about the Canadian Aboriginal AIDS Network (CAAN)?
2. How did you hear about the CAAN APHA Leadership Standing Committee?
3. Why do you want to be a part of the CAAN ALSC?
4. What qualities, skills and/or experience do you have that you would bring to CAAN ALSC?
5. What do you know about HIV and AIDS in Aboriginal communities?

6. What organization(s) and/or institute are you affiliated with? (If applicable.)

7. Are you currently on any boards or committees? (If so, please list them.)

9. Are you willing and able to:

- |                                                                |                                                          |
|----------------------------------------------------------------|----------------------------------------------------------|
| 1. Attend bi-monthly phone meetings?                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Communicate regularly through Facebook and email?           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Occasionally travel across Canada for a meeting/conference? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Further the work of the CAAN ALSC in your region?           | Yes <input type="checkbox"/> No <input type="checkbox"/> |

10. Please provide two references.

**Applicant: TWO references must be completed by non-relatives; one peer and one agency that you are affiliated with.**

**Reference #1/ Peer**

Name: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Phone number to contact: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Reference #2/ Agency**

Name: \_\_\_\_\_  
Job Title and name of organization: \_\_\_\_\_  
Phone number to contact: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

## 10. CAAN ALSC Membership Agreement

I understand that if I am selected as a member of the Aboriginal People living with HIV and AIDS Leadership Standing Committee at the Canadian Aboriginal AIDS Network, I will need to attend in-person meetings, respond to communications (emails and phone calls) in a timely manner and participate in teleconference calls in accordance to the *CAAN APHA Caucus & APHA Leadership Standing Committee TERMS OF REFERENCE*. I will always conduct CAAN ALSC business in a manner that brings honour and respect to me, the CAAN ALSC and the Canadian Aboriginal AIDS Network.

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Signature

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Date

**PLEASE SEND YOUR COMPLETED APPLICATION BY 5 PM, August 31, 2015  
VIA EMAIL, FAX OR MAIL TO:**

**Attn: TREVOR STRATTON [trevor@caan.ca](mailto:trevor@caan.ca)  
Canadian Aboriginal AIDS Network  
CAAN ALSC APPLICATION  
6520 Salish Dr Vancouver, B.C. V6N 2C7  
Phone # (604) 266-7616 / toll free # 1-800-285-2226  
Fax # (604) 266-7612**

**You can also contact Trevor via email, if you have any questions.**

**Thank you for your application.  
If you are selected through the review process CAAN will contact you for a phone  
interview.**