



INDIA RAINBOW COMMUNITY SERVICES OF PEEL 2010 POLICY ADVISORY COMMITTEE

PERSONAL INFORMATION

Full Name: _____

Address: _____

Length of residence in Canada: _____ Email: _____

Telephone: _____

Home
Cell
Work

EMPLOYMENT *(if retired, indicate former occupation or profession)*

Current Employer: _____ From: _____ To: _____

Position Held: _____

Duties: _____

COMMUNITY INVOLVEMENT/VOLUNTEER WORK *(include previous Boards and Committees)*

Have you served on any Community Groups/Clubs/Organizations? Yes No

Have you previously served on a Not-for-Profit Board/Committee? Yes No

Please list past volunteer experience: _____

PERSONAL ATTRIBUTES

Please indicate your areas of knowledge, skills, and experience by checking off the relevant boxes in the table below. It is not expected that you possess knowledge, skill or experience in all the areas set out in the table. Please indicate only those that apply to you.

Knowledge, Skills and Experience	Advanced	Good	Fair	None
Finance & Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Development & Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resource Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government & Government Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accreditation Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality & Performance Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labour Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Board & Governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Affairs & Communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demographics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**INDIA RAINBOW COMMUNITY SERVICES OF PEEL
2010 POLICY ADVISORY COMMITTEE**

What other skills, abilities and specialized knowledge do you have that will assist this Committee?

Describe issues you believe this committee should address.

If not appointed at this time to the Policy Advisory Committee, would you be interested in serving on other committees of India Rainbow? If YES, please select:

<input type="checkbox"/> Accreditation	<input type="checkbox"/> Youth & Parenting
<input type="checkbox"/> Program Evaluation	<input type="checkbox"/> Women's Services
<input type="checkbox"/> Governance	<input type="checkbox"/> Fundraising & Marketing and Outreach
<input type="checkbox"/> Risk Management	<input type="checkbox"/> Seniors' & Long-Term Adult Care Services Youth Services

When are you available to attend meetings?

Daytime

Evening

Are there any specific times or days that you are unavailable?

Yes

No

If yes, please specify: _____

Please provide names & telephone numbers of two (2) individuals not related to you who would be willing to provide a character reference on your behalf.

Reference Name: _____

Reference Name: _____

Telephone: _____

Telephone: _____

Relationship (if any): _____

Relationship (if any): _____

DECLARATIONS

❖ I understand the responsibilities associated with being a Policy Advisory Committee member, and I have adequate time to serve if appointed.

Please Initial

❖ I certify that, to the best of my knowledge, the foregoing information is true and correct.

I understand that the above information is **confidential** and will be used solely for the purpose of identifying qualified candidates for the India Rainbow Community Services of Peel's Policy Advisory Committee.

Applicant Signature

Please submit your completed application along with a current resume to:

Kitty Chadda, Executive Director
India Rainbow Community Services of Peel
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Mississauga, ON, L5B 3B9 Email:
kchadda@indiarainbow.org
Phone: 905-275-2369
Fax: (905) 275-6799