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**Member/Volunteer Application Form**

Thankyouso muchfor your interest in becoming involved with the Guelph-Wellington Local Immigration Partnership!

**Having a diverse membership is an important goal for the GWLIP. Anyone is invited to apply. Many of the questions in this form ask for specific information that can help us to ensure that we recruit members with varied backgrounds. However, if you are not comfortable answering a question, you can refrain from doing so.**

Personal information is collected under the authority of the Municipal Act, in accordance with provisions of Municipal Freedom of Information and Protection of Privacy (MFIPPA). For questions regarding the collection, use, and disclosure of personal information please contact Jennifer Slater, Program Manager Information, Privacy and Elections at (519) 822-1260 ext. 2349.

***To submit or ask questions regarding the application form please contact:***

***Nicholas Docherty***

[***nicholas.docherty@guelph.ca***](mailto:nicholas.docherty@guelph.ca)

***519-822-1260 ext. 2625***

***City Hall, 1 Carden St., Guelph, ON, N1H 3A1***

***Please submit a copy of your résumé with this application***

**PART 1: CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Name:** | | |
| **Organization you are representing, if any:** | | |
| **Current Employer (if applicable):** | | **Job Title:** |
| **Address:** | | |
| **City/town: Prov: Postal Code:** | | |
| **E-mail:** | **Phone:** | |
| **Cell:** | **Emergency contact:** | |

**PART 2: BACKGROUND AND PERSONAL PERSPECTIVE**

The GWLIP is seeking members that can bring a diversity of perspective and personal experience to the Leadership Council.

**1. How old are you?**

18-24 25-35 36-49 50-64 65+

**2. Do you have personal experience of immigration?** Yes No

If yes, what year did you arrive in Canada? Click here to enter text.

**3. Do you work in a field directly related to immigration?** Yes No

**4. If you work, what sector do you consider yourself a part of?**

Public sector Non-profit Private sector Self-employed

Other (please describe)

**5. Do you own your own business?** Yes No

**6. Do you currently sit on any boards or committees?** Yes No

**If so, please list:**

Click here to enter text.

**7. Please describe any local, regional or provincial networks that you are a part of:**

Click here to enter text.

**8. If you are representing an organization, what kinds of resources might your organization be able to share with GWLIP?**

Staff time Financial support Technical expertise Access to databases or other information

Other (please describe) Click here to enter text.

**9. If you are NOT representing an organization, why are you interested in joining GWLIP?**

Click here to enter text.

**10. If you are representing an organization, would you be willing to contribute by purchasing GWLIP event tickets for your staff?** Yes No

**11. What other unique experience do you bring to support the work of the GWLIP?**

Click here to enter text.

**PART 3: SKILLS AND CAPACITIES**

The purpose of this section is to determine if applicants have skills and capacities that can help the GWLIP in the implementation of projects.

1. **Please attach a copy of your resume to this form**
2. **Please indicate the areas in which you have professional experience:**

Settlement services

Canadian immigration policy / procedures

Other government policy (please describe) Click here to enter text.

Law

Employment / Human Resources

Recruitment

Human Rights

Social assistance

Housing

Education

Fine Arts

Cultural events

Healthcare

Nutrition

Trades

Trade certification

Statistics

Finance

Accounting

Marketing

Design of marketing materials

Engineering

GIS

Computing

Website management / design

Database management / implementation

Other (please describe) Click here to enter text.

**PART 5: KEY POLICIES: CONFIDENTIALITY & CONFLICT OF INTEREST**

Given the widely collaborative nature of the GWLIP, it is essential that the GWLIP uphold the strictest confidentiality and conflict of interest policies. By signing, you agree to abide by these policies. ***Please feel free to ask for clarification.***

**Confidentiality policy**

I understand that while I am a volunteer/member of the GWLIP, I may come across information, whether verbal, written, or computerized, that is confidential. I agree that I will not disclose any confidential/non-public information to anyone outside of the GWLIP that concerns GWLIP and partner business, or concerns a staff, volunteer, customer or other person associated with GWLIP or its partners.

**Conflict of interest policy**

Volunteers shall not use their position for personal gain, or undertake business activities that interfere or impact on the performance of their duties.

**Signature:** Click here to enter text.

**Date (Day/Month/Year)**:Click here to enter a date.