



**THE CORPORATION OF THE TOWNSHIP OF CENTRE WELLINGTON
SELF NOMINATION FOR POSITION ON THE DIVERSITY, EQUITY,
AND INCLUSION ADVISORY COMMITTEE**

Submit only one application per person; include additional materials if applicable

PLEASE PRINT

Advisory Committee(s) or Position(s) Interested in:
 1st Choice: _____
 2nd Choice: _____

ARE YOU AVAILABLE FOR DAYTIME MEETINGS? _____ Yes _____ No
 Preference: Daytime Meeting _____ Evening Meeting _____

Personal Information: (Mr./Mrs./Ms./Mx.)
NAME:

 (Last) (First) (Middle Initial)
PRONOUNS: _____ (e.g.: she/her, they/them, he/him)
HOME ADDRESS:

 (Number) (Street) (Apt. #) (Town) (Postal Code)
 Phone # (____) _____ Email: _____

The list below reflects the membership composition categories for the Diversity, Equity, and Inclusion Advisory Committee. Nominations are strongly encouraged from persons who self-identify with dimensions of equity deserving groups. Please check boxes that apply to you:

- Indigenous Peoples
- LGBTQ2S+
- Newcomers/New Canadians
- Persons living in poverty
- Persons with Disabilities
- Members of a Visible Minority
- Seniors
- Women
- Youth
- Other, please specify: _____

Please describe your life experiences and how they inform your desire to improve the community through a position on the Diversity, Equity, and Inclusion Advisory Committee.

Please explain how familiar you are with overall community issues and concerns relating to the impacts of systemic discrimination on equity deserving groups.

Please describe how you see the Township of Centre Wellington moving forward to become a more inclusive and equitable community.

Please describe your specific skills related to the area of diversity, equity and inclusion, such as; experience participating on or leading a committee, task force or board for private/non-private/public organization; as well as any leadership and community engagement experience and accomplishments.

List Township Advisory Committee(s) or Position(s) you have served on or currently hold

1. _____ # years _____
2. _____ # years _____

Signature: _____ Date: _____

PLEASE RETURN SELF NOMINATION TO: Township of Centre Wellington
(in confidence) Devlin Schellenberger, Legislative Coordinator
1 MacDonald Square, Elora, ON N0B 1S0
T: 519-846-9691 x 257, F: 519-846-2074
Email: dschellenberger@centrewellington.ca

PURSUANT TO THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, THE PERSONAL INFORMATION CONTAINED ON THIS FORM WILL BE USED SOLELY TO ASSESS YOUR QUALIFICATIONS FOR APPOINTMENT TO ONE OF THE TOWNSHIP'S ADVISORY COMMITTEES.