

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

**Please send complete application by June 6<sup>th</sup> 2014** 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 4 new members. Seats are available for the regions of Alberta, Saskatchewan, Quebec 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!!

**CONFIDENTIAL ONCE COMPLETED**

**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	No	
<b>I am Métis</b>	Yes	No	
<b>I am First Nations</b>	Yes	No	Other Indigenous ancestry:
<i>(Optional- The CAAN ALSC supports APHAs of all genders and sexual identities)</i>			
<b>I identify as:</b>	Heterosexual (straight)	2Spirit/Bi/Gay/Lesbian	Transgendered/Inter-sexed
<b>Other identity you feel is important to share with us:</b>			

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

1. What do you know about the Canadian Aboriginal AIDS Network (CAAN)?

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2. How did you hear about the CAAN APHA Leadership Standing Committee?

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3. Why do you want to be a part of the CAAN ALSC?

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4. What qualities, skills and/or experience do you have that you would bring to CAAN ALSC?

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5. What do you know about HIV and AIDS in Aboriginal communities?

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

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

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9. Are you willing and able to:

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| 1. Attend bi-monthly phone meetings?                           | Yes __ No __ |
| 2. Communicate regularly through Facebook and email?           | Yes __ No __ |
| 3. Occasionally travel across Canada for a meeting/conference? | Yes __ No __ |
| 4. Further the agenda of the CAAN ALSC in your region?         | Yes __ No __ |

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:

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Relationship to Applicant:

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Phone number to contact:

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E-mail Address:

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**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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE SEND YOUR COMPLETED APPLICATION BY 5 PM, JUNE 6<sup>th</sup> 2014  
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 your application is successful we will contact you for a phone interview and do a follow up on your references.**