DAVENPORT-PERTH NEIGHBOURHOOD AND COMMUNITY HEALTH CENTRE (DPNCHC) BLACK RESIDENT COMMUNITY ADVISORY COMMITTEE

The Black Residents’ Community Advisory Committee is an advisory committee to the DPNCHC Board of Directors. Using an anti-Black racism and anti-oppression lens, the BRCAC will provide grassroots neighbourhood feedback on the priorities, programs, projects, client service delivery, governance and other relevant initiatives of DPNCHC.

We are looking for interested people to be on the advisory committee for two years.

# MEMBER TIME REQUIREMENTS

* Two-year term beginning November 2022 until October 2024
* An orientation session
* 4-8 meetings per year
* Meetings will be virtual for now
* Other activities as identified

# ELIGIBILITY

# People who identify as Black, including: Black African, Black Caribbean, Black Latinx, Black North American, Mixed-Heritage

People who live in DPNCHC’s catchment area *(see map below)*

People wherever they live who are DPNCHC clients

**NOTICE** **OF** **COLLECTION**

DPNCHC is a multi-service agency whose core values include equity, inclusion, diversity and accessibility. DPNCHC is committed to hearing from Black-identified residents from all walks of life. We encourage you to complete these questions as fully as possible so we can better understand your interested in joining this committee.

# FOR YOUR PARTICIPATION WE WILL PROVIDE

* Orientation session
* Skills development
* Support from the DPNCHC Board and

Staff

* Recognition
* Honorarium $50/meeting

# LAST DAY TO APPLY

Applicants are encouraged to submit their applications to [kmabayeke@dpnchc.ca](mailto:kmabayeke@dpnchc.ca). Applications will stay open until all positions are filled. If you have questions about this opportunity, please contact [boardpresident@dpnchc.ca](mailto:boardpresident@dpnchc.ca)

# APPLICATION FORM

# Applicant Information

First Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Preferred Name: Click or tap here to enter text.

Postal Code: Click or tap here to enter text.

The main intersection closest to where I live is: Click or tap here to enter text.

# Contact Information

Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

**On** **diversity:** **I** **identify** **as** **an** **individual** **whose** **diversity** **comes** **from** **(Select** **all** **that** **apply).**

Black African

Black Caribbean

Black Latinx

Black North American

Mixed Heritage please describe

Other please describe?

Person with a disability

Lesbian

Gay

Bisexual

Queer

Two-spirit

Immigrant

Refugee

Youth (16 to 29)

Adult (30 to 59)

Senior (60 and above)

Woman

Man

Trans woman

Trans man

Gender non-binary (including gender fluid, genderqueer, androgynous)

I prefer not to say

I prefer to share my experience in my own words: Click or tap here to enter text.

**My** **income** **is** **sourced** **from** **(Select** **all** **that** **apply).**

Ontario Works (OW)

Ontario Disability Support Program (ODSP)

Canadian Pension Program (CPP)

Employment Insurance (EI)

Part-time occasional work

Precarious work (no regular schedule and no guarantee of work)

Full-time permanent employment

I have no source of income

Other, please specify Click or tap here to enter text.

I prefer not to say

I prefer to share my experience in my own words: Click or tap here to enter text.

**If** **I** **were** **selected** **to** **be** **part** **of** **this advisory committee,** **my** **top** **three (3)** **priorities** **would** **be...** **please** **explain** **(Suggested** **word** **count,** **100** **words).**

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

**Please tell us what experience you would bring to the committee (including your lived experience as a Black identified individual):**

Click or tap here to enter text.

**How many organizations or groups have you volunteered with in the last two years?.**

1-2

3-4

5-6

7+

Part-time occasional work

I have not volunteered for any organizations or groups

**If** **you** **answered** **YES** **to** **the** **previous** **question,** **tell** **us** **about** **one** **of** **the** **organizations** **or** **groups** **that** **you** **volunteered** **for.**

Name of the organization or group

Click or tap here to enter text.

What was your role?

Click or tap here to enter text.

What did you learn from the experience?

Click or tap here to enter text.

What was positive or difficult about the experience?

Click or tap here to enter text.

What did you gain or lose from the experience?

Click or tap here to enter text.

Thank you for your Application submission!

Next Steps - Shortlisted applicants will be contacted for an interview in October/November 2022.

