

Community Council Program
Aboriginal Legal Services Of Toronto
415 Yonge Street ~ Suite 803 ~ Toronto, Ontario ~ M5B 2E7

Council Member Nominee Application

Personal Information

Name: _____

Home Address: _____

Home Phone: _____ Alternate Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

What is your Aboriginal heritage: _____

Business Information (if applicable)

Your Job: _____

Company Name and Address: _____

Title: _____

Business Phone: _____ Fax: _____

Email: _____

Resume Attached Yes No

When can we contact you: Work Home Days Evenings

Language
 English Other(s) please list: _____

Education
 High School Some University
 Some College University Degree
 College Diploma Post-graduate
 Trades certification Work-related experience

Past Volunteer Experience

ORGANIZATION	POSITION	DUTIES	DATE (from-to)

SKILLS:

TRAINING:

Why are you interested in becoming a Community Council Member volunteer?

What do you think about the relationship between Aboriginal people and the justice system?

Considering your life experience, identify three gifts or skills you bring to the program that might help someone expand their horizons and build their self-confidence:

Please volunteer one day a month. Please check the days in which you are available ✓

Hearing Availability

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Noon ~ 5pm						
5pm ~ 9pm						

When can you start:

ALST provides a meal for council members before a hearing. Do you have any special meal needs:

Do you want the hearing schedules, memos, availability list:

mailed to your home: _____

office: _____

and/or

emailed to your home: _____ office: _____

References

Name	Nature of Relationship	Contact Number
1)		
2)		
3)		

*Note that at least one reference must be of Aboriginal descent. Please list only those we may contact.

For the safety of our youth and adult participants, we do require a criminal reference check. A criminal record does not prevent a person from being a volunteer. Do you have any objections to providing a criminal reference check.

Yes

No

STATEMENT OF CONFIDENTIALITY

The Community Council Program recognizes the right to the confidentiality and privacy of our participants and volunteers, and is dedicated to serving the community in only the highest ethical standards.

The Community Council Program is committed to protecting the privacy of its participants and volunteers. All information and disclosures will remain confidential. Any information disclosed prior to and during a scheduled hearing will remain confidential and will not be discussed with anyone.

SIGNATURE OF VOLUNTEER APPLICANT:

----- Date: -----