

Community Advisor Expression of Interest

Thank you for your interest in supporting the [Burlington Ontario Health Team](#)!

We are currently seeking community members from various backgrounds with lived experience within the healthcare system as a patient, family member, and/or caregiver.

To volunteer to become involved in future long-term (e.g. advisory roles), short-term (e.g. working groups' membership) or one-time (such as workshops, surveys, focus groups) engagement opportunities, please complete the form below.

* Required

Confidentiality Clause:

All information shared in this application is received in strict confidence and will only be viewed by members of the selection committee.

1. **First Name:** *

2. **Last Name:** *

3. **Primary Phone Number:** *

4. **Email (optional):**



5. **Address (optional):**

6. **Preferred Contact Method: ***

Check all that apply.

Phone

Email

7. **Best Time to Contact: ***

Check all that apply.

Day Time

Evenings

Weekends

On the below section, please check all boxes that apply to you.

8. **I am a...**

Mark only one oval.

Patient (I have personal experience using health and social services in Burlington within the last 3 years)

Caregiver (I take care or have taken care of a family of a family member or friend with health challenges in Burlington within the last 3 years)

Community member who would like to help shape healthcare in Burlington



9. **Which part(s) of the healthcare system do you have experience with?**

Check all that apply.

- Home and Community Care Support Services (Former Community Care Access Centre)
- Family Health Team
- Community Support Services Agency (i.e., Alzheimer Society, Able Living Inc., Acclaim Health)
- Primary Care (i.e. your doctor or nurse practitioner)
- Hospice Palliative Care
- Hospital
- Long-Term Care Home
- Access to multiple health services
- Other: _____

10. **Do you have a specific interest in sharing your experiences as a patient, family member, and/or caregiver regarding the following part(s) of the healthcare system?**

Check all that apply.

- Home and Community Care Support Services (Former Community Care Access Centre)
- Family Health Team
- Community Support Services Agency (i.e., Alzheimer Society, Able Living Inc., Acclaim Health)
- Primary Care (i.e. your doctor or nurse practitioner)
- Hospice Palliative Care
- Hospital
- Long-Term Care Home
- Other: _____



11. **What areas of work would you most like to support?**

Check all that apply.

- Digital Health (virtual care, health applications, etc)
- System Navigation (helping people get the right support at the right time to help manage a wide range of needs)
- Older adults experiencing health issues, social isolation, and/or financial hardship
- Adults who struggle with housing
- Adults who have mental health and addictions challenges
- Palliative and end-of-life care
- Access to health services
- Other: _____

12. **Are you interested in participating in any of the following community engagement activities?**

Check all that apply.

- Short-Term Working Groups (less than 3 months)
- Long-Term Working Groups (3 months to 12 months)
- Focus Groups (one-time opportunities)
- One-on-One Interviews (one-time opportunities)
- Workshops/Forums

On the below section, please note that the short and long answer questions are optional.



13. **The BOHT may be able to assist to remove barriers that may impact your participation. Would you like to make us aware of any special accommodations you might need (i.e.- access to technology, language, transportation, childcare, etc.) Please note that we will assist where we can but may not be able to address all issues.**

14. **Why do you want to be a Community Advisor?**

15. **Please share any other information you would like us to know about your personal, volunteer or work life experience.**

Note: all applications will be considered regardless of prior experience.



The Burlington OHT is committed to being reflective and inclusive, and we welcome new members who reflect the diverse experiences within the Burlington community.

We encourage you to answer the optional questions below that you are comfortable with answering to assist in this commitment. These questions are being asked to help the Burlington OHT include advisors that are representative of the diverse experiences within the Burlington community and to address any gaps in participation.

If you feel comfortable, please tell us how you identify with any of the following optional questions:

16. Age

Mark only one oval.

- 16-25
- 26-40
- 41-55
- 56-65
- 65-75
- 76-85
- 85+
- Prefer not to answer

17. Preferred Language(s)

Check all that apply.

- English
- French
- Other Please list:
- Prefer not to answer



18. Indigenous Identity

Check all that apply.

- First Nations
- Métis
- Inuk/Inuit
- Other:
- Prefer not to answer

19. Immigrant or Refugee Identity

Mark only one oval.

- First generation immigrant or refugee (you were born outside of Canada)
- Second generation immigrant or refugee (your parents were born outside of Canada)
- None of the above
- Prefer not to answer

20. Ethnic Background

Check all that apply.

- Black
- East/Southeast Asian
- Latino
- Middle Eastern
- South Asian
- White
- Do not know
- Prefer not to answer
- Other: _____



21. **Gender**

Mark only one oval.

- Male
- Female
- Other. How do you identify?
- Prefer not to answer

22. **Residence**

Mark only one oval.

- Urban (i.e. city center)
- Suburban
- Rural
- Prefer not to answer
- Other: _____

23. **Needs**

Check all that apply.

- Person with a disability
- Person who is/was living in poverty
- Person who has/had mental health challenges
- Person who is/was socially isolated
- Person who is/was using drugs
- Person who is interested in improving our local health care
- Other: _____



24. **Would you like to receive email updates from the Burlington Ontario Health Team? (i.e. monthly newsletter, information about new programs, opportunities for engagement, etc.)**

Mark only one oval.

Yes

No

25. **If you answered yes to the above question, please provide your email address:**

Declaration:

The Burlington Ontario Health Team is committed to receiving and treating personal information in confidence. The information in this application is collected, stored, and used by and on behalf of the Burlington Ontario Health Team to evaluate the applicant's interest to participate as an advisor.



Acknowledgement of Application Criteria and Terms

I have read the content on www.burlingtonoht.ca/patients including the Burlington OHT fact sheet and Community Advisor role description.

I understand that the minimum age for volunteering is 16 years old. I confirm that I am at least 16 years old.

I understand incomplete applications cannot be processed.

I understand that not everyone who applies is accepted as a Community Advisor. A Burlington OHT representative will only contact applicants who best meet the current needs of the community for an interview.

I understand that submitting this application and/or being interviewed does not guarantee a role as a Community Advisor.

I understand that prior to starting as a community advisor that I may be asked to sign a Confidentiality Agreement.

I understand the application process may take 60 days to complete.

I understand advisor roles within the Burlington OHT are created based on the needs of our community and the organization. We will work together to best match community needs along with your experience, skills and interests.

I understand I will only be engaged as a Community Advisor based on the needs of the Burlington OHT and my preferred level of engagement.

I understand that all volunteer files are kept secure and accessed by authorized personnel only in compliance with all applicable privacy laws.

I understand that I may withdraw my application and request removal of my personal information at any time.

I understand that I may be required to submit to a Vulnerable Sector Screen[i] in which the Burlington OHT will cover the cost.

I hereby declare that all the information I have provided in this application is true and accurate.

[i] Vulnerable Sector - Vulnerable sector checks are an integral part of suitability pre-screening practices. All volunteer organizations are strongly encouraged to continue in this practice. Vulnerable sector screening may be required for the following types of positions: volunteer in healthcare sectors, teacher, social worker, day-care worker, sport coaches, etc.



26. **I agree and acknowledge the above ***

Check all that apply.

Yes

No

27. **Signature ***

28. **Date ***

**Completed applications can be returned to the office location where received.
It will then be emailed to: OHTsupport@burlingtonoht.ca**

