

Calgary and Area Family Support for Children with Disabilities
Regional Parent Advisory Committee

Committee Membership Application

Date of Application: _____

Name: _____

Address: _____

Home phone: _____

Work phone: _____

Cell Phone: _____

E-mail: _____

What is the date of your latest FSCD contract? _____

What is the nature of your child's disability and what is his/her age? (If more than one child in your family has a disability, please describe as well).

Please provide a brief history of your family's experience with the FSCD program?

Why are you interested in becoming a member of the Parent Advisory Committee? What do you hope to contribute/learn?

We are interested in your experience with disability-related programs. For example, describe any connections with support groups or with other organizations supporting families and children with disabilities.

If you have other volunteer experience, past or current, please provide a brief description of the organization and your role.

Briefly describe the vision you have for your child.

Are you able to commit to meeting 6 – 8 meetings per year, for 3 hours during the day?

Yes / No, please comment:

We thank you for taking the time to complete this application. The interview process is ongoing and applications will be kept on file for two years to fill future vacancies.

Please return via mail or email to:

Calgary and Area Parent Advisory Committee
c/o Annar Mawani
#150 1440 52 St. NE
Calgary Alberta
T2A 4T8

Or via fax to: (403) 297-5580

Or e-mail to: HS.CalAreaPAC@gov.ab.ca

Phone (403) 297-4155 for more information or general inquiries