



Calgary and Area Family Support for Children with Disabilities
Region 3
Regional Parent Advisory Committee

Application for Committee Membership

Date of Application: _____

Name: _____

Address: _____

Home phone: _____

Work phone: _____

Cell Phone: _____

Fax: _____

E-mail: _____

Please provide a brief description of your connections with other families who have children with disabilities or organizations supporting families and children. (Please also include any connections with Aboriginal, First Nations or culturally diverse groups.)

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Have you supported other families previously? If so, what was your experience?

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What is the nature of your family member's disability and what is his/her age?

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Briefly describe the vision you have for your child.

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In thinking of supports to children with disabilities and their families, what areas are you interested in?

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Please indicate when you would be available to meet if you are selected in your application (days, evenings or weekends).

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Please return via mail to:

Calgary and Area Parent Advisory Committee
C/o Amanda Washington
300, 1240 Kensington Road NW
Calgary, AB, T2N 3P7

Or via fax to: (403) 297-7214

Or e-mail to: Calgaryarea.PAC@gov.ab.ca

Thank You