

Office of the Seniors Advocate Council of Advisors

Application Form

The Council of Advisors will provide the Office of the Seniors Advocate (OSA) with advice and feedback on issues facing seniors who live in British Columbia. Please read the criteria on the OSA website (www.seniorsadvocatebc.ca) and provide your information to be considered as an advisor.

The application period closes at 4:00 p.m., July 5, 2019. You may be contacted to clarify items in your application. You may fill out the form on your PC (**save as PDF**) or print it off and fill in with pen. Please submit your application by email to info@seniorsadvocatebc.ca

It is anticipated that members will be notified by July 31, 2019. For further information, please see the Seniors Advocate website or call 1-877-952-3181.

Name		
Phone number(s)		
Email address		
Street address		
City		
Local health authority (map)	<input type="checkbox"/> Fraser <input type="checkbox"/> Vancouver Coastal <input type="checkbox"/> Island <input type="checkbox"/> Northern <u>N/A</u> Interior	
<i>NOTE: Currently no vacancies in the Interior Health Region.</i>		
Are you able to travel yearly to the Vancouver area for two 2-day-long meetings (expenses paid)? Next dates are: Oct. 6-7, 2019 and April 26-27, 2020	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please comment)
Do you have access to a computer and can use the internet, email and MS Word (or can with assistance)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (please comment)
Are you an employee of, or have a financial interest in, any seniors service company or service provider? (this information may indicate a potential conflict of interest)	<input type="checkbox"/> I am not	<input type="checkbox"/> I am an employee of, and/or have a financial interest in, a seniors service company or provider
We are looking for a cross-section of views and perspectives on seniors issues in B.C. Please assist us by indicating whether you:		
Speak other languages besides English	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please list)
Live in long-term care, or have a spouse who lives in long-term care	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hold a valid B.C. driver's licence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receive home support services (or other home care services)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Membership Application Form

Do you identify as a person with a disability? Yes No

If yes, please check all that apply: Visual Hearing Physical Other

Please indicate your living situation:

Live alone Live with a spouse or family member Live with parent(s) or relative(s) as their caregiver

Please indicate your age:

Under 55 55-59 60-64 65-69 70-74 75-79 80-84 85-89 90-94 95+

I identify my ethnicity as: _____ Prefer not to say

In 250 words or less, please tell us why you would like to join the Office of the Seniors Advocate Council of Advisors and describe the perspective you will bring to the council.