



ASD ADVISORY COMMITTEE APPLICATION FORM

Thank you for your interest in becoming a member of the ASD Advisory Committee of Autism Canada. Please complete this application form and email to ASDAdvisoryCommittee@autismcanada.org. Should you have any questions, feel free to email the above address.

Applicant Information

Name: _____
First and Last Name

Address: _____
Street (including apt#, suite#, PO Box)

City, Province, Postal Code

Phone: _____ **Email:** _____

Which projects would you like to become a member of? Please indicate with an "X".

ASD Central Participant: I am interested in posting at least weekly in the Facebook group.

ASD Central Administrator: I am interested in screening registrants and confirming status.

I would be interested starting a blog for Autism Canada and contributing content.

I would like to be on a planning committee for a conference specifically for adults on the spectrum.

I would like to be called upon to participate in working groups, polls, surveys or discussions where the voices of persons living with ASD are being sought.

I would like to suggest other projects: _____

Tell us about yourself?

(Tell us about projects, groups or initiatives you have been part of in the past. Tell us about any opportunities you have had in the past to raise awareness and acceptance of autism.)

Autism Canada ASD Advisory Committee Requirements

- 1. I have read and agree to the Terms of Reference for this committee. I understand I will have input on future revisions of the Terms of Reference that will be presented to the Autism Canada Board of Directors for final approval.

- 2. I am of 18 years of age and I reside in Canada.

- 3. I am proudly on the autism spectrum.

Privacy Statement

We respect your privacy. Autism Canada collects your personal information in order to contact you when required. Your information will not be shared outside the organization.

I have read and agree to the committee requirements above.

Signature

Date

Print Name

Thank you for submitting your completed application. It will be reviewed and you will be contacted by Autism Canada within five working days. Please forward this completed form to: ASDAdvisoryCommittee@autismcanada.org