



**Winnipeg School Division
Advisory Committees Expression of Interest**

Contact Information		
Name (Family)	Given Name(s)	
What is your preferred method of contact (please select all that apply): <input type="checkbox"/> Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Business Phone <input type="checkbox"/> SMS/Text message <input type="checkbox"/> Email <input type="checkbox"/> Other (Please specify)		
Address	City	Postal Code
Telephone no. (home)	Telephone no. (cell)	Telephone no. (bus)
Email Address		
Committee(s) of Interest (please select all that apply): <input type="checkbox"/> Education Equity Advisory Committee <input type="checkbox"/> Environmental Advisory Committee <input type="checkbox"/> Indigenous Education Ad Hoc Committee <input type="checkbox"/> Newcomer Education Ad Hoc Committee <input type="checkbox"/> Inclusive Education Advisory Committee		
Details of Expression of Interest		
How did you hear about the Advisory Committee? (specify)		
Why do you want to become an Advisory Committee member? (specify)		
Please list special skills, gifts, knowledge or services provided for WSD students/families that might benefit you as an Advisory Committee member? (including relationships with other cultural or community groups, schools, service organizations, teaching experience, etc.)		



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Have you served previously on an Advisory Committee? Yes (Specify) No

Optional Disclosure

WSD is committed to recruiting Advisory Committee members from such under-represented groups as Indigenous, persons with disabilities, and members of racialized groups. This process is based on self-identification. Do you consider yourself a member of an under-represented group? Yes (Specify) No

SUBMIT