

CancerCare Manitoba Aboriginal Community Partnership Committee

COMMITTEE/TASK GROUP MEMBERSHIP APPLICATION

Committee Goals

The main task of the Committee Members is to give voice to the opinions, ideas, and needs of the First Nations, Inuit and Metis people of Manitoba to develop an Aboriginal Cancer Control Strategy in partnership with CancerCare Manitoba (CCMB). This framework will guide the development of culturally appropriate cancer control initiatives. Task Group members will be involved in special projects focused on specific issues as assigned by the Partnership Committee.

Section 1 – Determine Area of Interest

Please **select only one** of the following: I am applying to be a:

- Member of the Partnership Committee Task Group Member

Section 2 – Personal Information

The information in this section will be used to send all committee-related correspondence.

Name: _____

Mailing Address: _____

Work Address (if applicable): _____

Phone: (H) _____ (O) _____ (C) _____

E-Mail: _____ Fax: _____

Section 3 – Diverse Representation

Aboriginal Ancestry: First Nations Metis Inuit

Region you represent: North South East West

Brandon Winnipeg

Which of these sectors/groups do you identify with? (Check all that apply)

	Personal Experience with Cancer		Human Resources
	Family Member/Friend with Cancer		Financial/Economic
	Youth		Community Development
	Family		Education
	Women		Culture
	Seniors/Elders		Languages
	Health (Service Provider)		Media/Communications
	Health (Policy)		Gay/Lesbian
	Health (Management/Admin)		Spiritual (Traditional/Christian)
	Health Research		Physical Activity/Sport
	Information Technology		

Section 4 – Related Experience

Please answer the following questions (as concisely as possible – no more than 3 typed pages) in a letter to the selection committee:

1. Why do you want to be a Partnership Committee Member/Task Group Member?
2. What experience do you have in relation to cancer amongst Aboriginal Peoples?
3. What relevant experience do you have in relation to the sectors/groups that you selected in section 3?
4. What strengths or gifts would you bring to the Partnership Committee?
5. How did you hear about this committee?
6. Please include any additional information that would be of interest to the selection committee.

Please include your CV or your resume along with two letters of reference.

Section 5 – To be Considered for Selection

Applications received on or before the deadline of 5 pm., April 17, 2009 with the following information:

- A completed application form
- An accompanying letter, answering all the questions to the best of your ability
- A recent CV or resume
- Two letters of reference

All applicants must be over 18 years.

A selection committee, consisting of representatives from CCMB and the Aboriginal community, will review the applications. Only successful candidates will be notified.

Section 6 – Deadline and Contact Information

The deadline for all applications is **5 pm., April 17, 2009.**

Please submit your application by:

email to: **Kimberly.Morrisseau@cancercare.mb.ca**

fax to: **(204)786-0713**

mail to: **Kimberly Morrisseau
Coordinator of Aboriginal Services
CancerCare Manitoba
ON 1210-675 McDermot Avenue
Winnipeg, MB R3E 0V9**