



**United Way**  
Peterborough & District

## **Reaching Home - Community Advisory Board (CAB) New Member Application**

Name:

Organization:

Phone:

E-mail:

**Please check all that apply:**

I am available for at least a 3- year commitment

I can commit to at least 4 meetings a year

I have read and understand the CAB Terms of Reference

I am willing to sign and abide by the CAB Terms of Reference including the Conflict of Interest policy and the Code of Conduct

I am, or will become, familiar with the Reaching Home federal funding directives

**I represent the following sectors (please check all that apply):**

Individuals with lived experience of homelessness

Indigenous Peoples and organizations, Friendship Centres; Indigenous housing organizations

Youth and youth serving organizations, including Child Welfare agencies

Organizations serving women/families fleeing violence

Organizations serving seniors

Newcomer serving organizations

The private sector

Police and correctional services

Landlord associations and/or the housing sector

Health organizations, including hospitals and other public institutions, and organizations focused on mental health and addictions

Veterans Affairs Canada or Veterans-serving organizations



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In 300 words or less, please describe why you are putting your name forward to be a member of the Reaching Home Community Advisory Board.