

Public Advisory Group Application

Applicant Information

* Required

First name*	Pronoun
Last name*	
Preferred name (optional)	
Phone*	Email*
City residence*	Postal code*
Occupation (optional)	

Your interest:

1. Please tell us about why you want to be a member of the Public Advisory Group.*

2. All applicants are required to read and accept the Terms of Reference (TOR). The TOR can be accessed at [here](#).

3. Assuming meeting times fit your schedule, are you able to commit to meeting a minimum of four times per year for the next two years? Each meeting will be between 3-4 hours.

yes no

4. Are you familiar with səmiq̓wəʔelə/Riverview?

yes no

5. Are you familiar with the səmiq̓wəʔelə/Riverview process to date?

yes no



səmiq̓wəʔelə
PLACE OF THE GREAT BLUE HERON



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On diversity:

6. I am interested in representing the following areas of interest (select all that apply). *

- Person with a disability
- Indigenous
- Belong to a racialized group
- Newcomer
- Refugee
- Member of a religious community
- Youth (16 to 29)
- Adult (30 to 59)
- Senior (60 and above)
- LGBTQ2+
- Woman
- Man
- Trans woman
- Trans man
- Gender queer/gender non-confirming
- Other gender identity (please specify in "Other" if you're comfortable doing so)
- Mental health status
- I prefer not to say
- I prefer to share my experience in my own words (please specify in "Other")

Other

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On topic areas/lived experiences:

7. Based on my life experience, I feel I can represent the following areas of interest (select all that apply):

Brief descriptions for each area of interest can be found in the [Public Advisory Group Terms of Reference](#).

- | | | |
|--|--|---|
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Heritage | <input type="checkbox"/> Nature and environment |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Inclusivity | <input type="checkbox"/> Recreation and wellness |
| <input type="checkbox"/> Arts and culture | <input type="checkbox"/> Mental health | <input type="checkbox"/> Young families and newcomers |
| <input type="checkbox"/> Climate change and resilience | <input type="checkbox"/> Mobility | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Economic development | | |
-

8. Are there other, relevant areas of interest that you feel you could contribute to as a member of the PAG?*

Experience:

9. Briefly describe your employment, volunteer and/or lived experience as it relates to participating as a member of the PAG and contributing to the s̄am̄iq̄w̄el̄ēl̄/Riverview comprehensive community planning process.*

Barriers to involvement:

10. Do you require any support(s) to participate in meetings to the best of your abilities?

Applicants will not be disqualified based on their required support(s). In order to reduce barriers to participating in the PAG, the Project Team will work with each PAG member to understand the barriers that they may have to participating in meetings and endeavour to minimize those barriers.*

Once you have completed the form, please save and submit via email to renewingriverview@bchousing.org.