

## Application for Appointment to Advisory Committees

### Instructions

Please send your completed application form and two letters of support by email to [nominations@thebao.ca](mailto:nominations@thebao.ca) or by mail to Bereavement Authority of Ontario, Attention: Governance and Nominations Committee, 100 Sheppard Ave East, Suite 505, Toronto, M2N 6N5.

### Part 1 – Contact Information

Salutation: Mr. Ms. Mrs. Miss. Dr. Other

First Name:

Last Name:

E-Mail Address:

**Please enter at least one phone number:**

Home Phone:

Business Phone:

Mobile Phone:

Other Phone:

**Home Address:**

Street #

Street

Unit/Apt #

City

Province

Postal Code

Country

**Occupation and Business Address:**

Company Name	Occupation/Title
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Street #	Street
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Unit/Suite #	City	Province
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Postal Code	Country	P.O. Box
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**Part 2 – Committee to which you are applying**

- Funeral & Transfer Service Advisory Committee
- Cemetery, Crematorium & Municipal Advisory Committee
- Faith-Based Advisory Committee

**Part 3 – Eligibility**

Check any criteria that apply to you:

- Not-for-profit Cemetery Operator
- Commercial Cemetery Operator
- Municipal Cemetery Operator
- Religious Cemetery
- Crematorium Operator
- Funeral Director or Operator      Population of service area:
- Transfer Service Operator
- Member of Faith Group      Indicate faith:
- Consumer Representative\*  
Member of Consumer Organization      Name of Organization:

\*Must have demonstrated interest or expertise in consumer protection in the bereavement sector.

## Part 4 - Qualifications

Keeping in mind the mandate of the Advisory Committees, please tell us how your background, skills, and experience will result in useful contributions. Please be brief where possible (point form is okay) and share the information you think is most relevant to the Bereavement Authority of Ontario.

### 1. Your interest in this position

Please tell us about your interest in serving on an Advisory Committee. Why are you interested in this particular committee? What do you want to contribute as a committee member?

### 2. Education and Training Background

Please tell us about your educational background (e.g. courses, degrees, diplomas, or certificates), professional credentials, or any other training gained through professional and personal development that is relevant to the committee position.

### 3. Professional and Employment Background

Please describe any current or past work experiences and skills that are relevant to this committee position, including positions held and your responsibilities and accomplishments.

### 4. Memberships, Community and Volunteer Activities

Tell us about any current or past memberships with professional associations /organizations, community involvement, or volunteer work that you believe to be relevant to the committee position you are applying for. Please describe the role you played and the period of time you were involved.

## 5. Additional Information

Please share any additional skills, experiences, or information about yourself that relates to the committee position.

## Part 5 – Privacy and Consent Statement

By selecting "I agree," or by signing below, you declare that the information in this application form is true and understand that:

- You may be asked to provide photo identification, a criminal background check, references, or other information to confirm your identity, eligibility, and qualifications;
- The personal information requested on this application form is being collected and used by the Bereavement Authority of Ontario to evaluate the suitability of all potential candidates for appointments to a Advisory Committee. The qualifications of intended appointees will be subject to a review by the Nominations Committee. Personal information about you may also be collected from the organizations or from the references who provided support letters for you, and used to evaluate your suitability as a candidate, as well as to verify the truth and accuracy of the information you have provided, and for no other purposes;
- Any questions about the collection, used or disclosure of personal information collected on this form, should be directed to the Manager, Office of the CEO and Board of Directors at [lisa.padgett@thebao.ca](mailto:lisa.padgett@thebao.ca)
  
- I agree

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date