

Date: Click here to enter a date.

Your name: Click here to enter text.

Phone number: Click here to enter text.

Department/Program: Click here to enter text.

Email address: Click here to enter text.

1. Which initiative would like the Caregiver Advisor to be a part of?

Click here to enter text.

2. Provide a summary of the opportunity:

Click or tap here to enter text.

3. Details

- **Start date:** Click here to enter a date. **End Date:** Click here to enter a date.
- **Location:** Click here to enter text.
- **Objectives of the event, project, or committee:** Click here to enter text.
- **How often does your committee meet?** Click or tap here to enter text.
- **What is the time commitment for this opportunity?** Click or tap here to enter text.
- **What time will your meetings be held** (Monday- Friday, 9am-5pm, Evening, Weekends): Click or tap here to enter text.
- **Will there be a Zoom or other virtual option?** Click or tap here to enter text.
- **How many Caregiver Advisors do you want included?** Click or tap here to enter text.

4. What type of involvement are you looking for from the Caregiver Advisor(s)?

- Ongoing involvement (i.e. involved in committee or working group as a member)
- One-time involvement (i.e. participate in event/meeting to provide input or share stories)

5. What skill do you wish the advisor to have?

Click or tap here to enter text.

6. Have you ever worked with Caregiver Advisors? If not, would you like tips and advice on how best to engage effectively with them?

Click or tap here to enter text.

7. Are you looking for any specific experience or knowledge?

Click or tap here to enter text.

8. Will there be an honorarium and/or will expenses be reimbursed?

Click or tap here to enter text.

Attach more information if needed.

Please return the completed form to: Click here to enter text.

