



EXPRESSION OF INTEREST Client and Family Advisory Council

Thank you for your interest in this volunteer opportunity to participate on Closing the Gap Healthcare's Client and Family Advisory Council (CFAC).

Kindly complete and return this form by email to CFAC@closingthegap.ca or by Canada Post to Closing the Gap Healthcare, 2810 Matheson Boulevard East, Mississauga, ON, L4W 4X7. Please address your correspondence to the attention of Lina Rinaldi, Vice President Client Services.

1. Check the box that best describes your experience with the community healthcare system.

- Client (current or past)
- Family, friend, or caregiver of client (current or past)
- Other – please describe:

2. Do you have experience as a member of a committee through paid work or as a volunteer?

- No
- Yes → please tell us a bit about the committee and briefly describe your role

3. Please tell us why you are interested in joining CFAC and how your experience will contribute to the client experience at Closing the Gap Healthcare.

4. How long could you commit to this volunteer opportunity?

- 1 year
- 2 years
- Unsure

5. Is there anything else you would like us to know about you?



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Contact Information

Name	
Address	
Phone number	
E-mail	

Thank you again for your interest in our CFAC and for taking the time to complete this form. There are a limited number of positions on the Council. For those who apply but are not selected for the Council, there will be future opportunities to participate in other ways.

If you have any questions about our Client and Family Advisory Council, please contact Lina Rinaldi by
E-mail: CFAC@closingthegap.ca
Phone: 1 (905) 306 – 0202 Extension: 2038