

WELCOME AMBASSADOR PROGRAM APPLICATION FORM

Please send completed applications to Sherida Hassanali at shassanali@isans.ca

Applications for the APRIL 2023 sessions are due by Tuesday, April 4th, 2023.

Please note: To ensure the highest possible level of safety for participants, this training series will be delivered virtually.

General Information

Name: _____

Organization/Affiliation: _____

Full Address: _____

Email: _____ Phone: _____

Why do you want to take this training?

How or in what ways do you see yourself applying this training?

How does your own identity (race, ethnicity, religion, socioeconomic status, gender, sexuality, disability, etc.) influence your interest in this program?

Statement of Commitment (please check and sign)

1. Attendance

I agree to attend all four training sessions (Sign here) _____

- Session 1: Thursday, April 6, 2023 (9:00 am - 12:00 pm)
- Session 2: Thursday, April 13, 2023 (9:00 am - 12:00 pm)
- Session 3: Thursday, April 20, 2023 (9:00 am - 12:00 pm)
- Session 4: Thursday, April 27, 2023 (9:00 am - 12:00 pm)

As a reminder, all sessions will be held **online. A link will be sent to you.**

2. Commitment

I agree to undertake **one** Welcome Ambassador activity following the successful completion of the Welcome Ambassador training (for example, workshop sessions, projects, conversations family, friend, or colleagues, etc.).

(Sign here) _____

3. Adherence to the principles of diversity, inclusion, and equity.

Diversity

I agree to respond respectfully and effectively to people of all cultures, classes, gender identities, races, ethnic backgrounds, sexual orientations, abilities, and faiths and religions, in a manner that recognizes, affirms, and values the worth of individuals, families, and communities, and protects and preserves the dignity of each.

(Sign here) _____

Inclusion

I agree to work towards creating groups, neighbourhoods, and communities that are inviting, welcoming, and accessible to the diversity of people who visit and live there.

(Sign here) _____

Equity

I agree to recognize and address injustices that emerge through imbalances in power and privilege, which prevent or diminish access for achieving diverse and inclusive communities where all people are able to enjoy full, healthy lives.

(Sign here) _____

Signed: _____ **Date:** _____

Note that by signing here, you also agree that photo/s or video(s) in which you appear may be used for promotional and/ or reporting purposes for Immigrant Services Association of Nova Scotia (ISANS), unless otherwise noted below.

Check here if you do not want ISANS to use photos/videos in which you appear ____

We hope you enjoy the Program.