



Prince Edward Island

Executive Council Office

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Salutation:	First Name:	Last Name:
Civic Address:		
Community:	County:	Postal Code:
Email:		Telephone:
If you wish, supporting documents could be included and may strengthen your application to better match you with ABCs. <input type="checkbox"/> Cover Letter <input type="checkbox"/> Resume <input type="checkbox"/> Reference/Letter of Support #1 <input type="checkbox"/> Reference/Letter of Support #2		
I am interested in the following Agencies, Boards and Commissions (ABCs): 1. _____ 2. _____ 3. _____		
Would you consider other boards? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe how your experience, training or education makes you well suited to your ABCs of interest: 1. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 2. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 3. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 4. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
Do you identify as: <input type="checkbox"/> Man <input type="checkbox"/> Woman Are you a senior (age 65 or over)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a youth (age 29 or under)? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you identify as a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No What is your first language? <input type="checkbox"/> English <input type="checkbox"/> French Other: Please specify: _____ Are you proficient in other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ Do you identify as a member of the Island's Acadian community? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you identify as a person of Aboriginal descent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you a member of one of the Island's Mi'kmaq bands? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____ Do you identify as a newcomer to Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you identify yourself as part of another under-represented group? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____		
Where did you hear about Engage PEI? <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Social Media Other _____ <input type="checkbox"/> Internet <input type="checkbox"/> Government website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Newspaper Other _____		
Date received:		