

2020 Application For



The information collected on this form will assist program staff in assessing your application. It will not be shared with anyone else, or used for any other purpose. If you are selected for the program, your email and phone contact will be used to provide you with updates and details related to your participation in the program. Your mailing address will be used to deliver your honorarium cheque and program T-shirt.

CONTACT

Preferred Name: _____ Age on Oct. 1, 2020: _____

Legal/Banking name (if different from above): _____ T-shirt Size: _____

FULL Mailing Address: _____

Phone: _____ May we leave a phone message? Yes No

E-mail: _____ Other Contact: _____

MORE ABOUT YOU

1. How would you describe your sexual orientation (two-spirit, gay, bi, queer, etc.)? _____
2. How would you describe your gender identity (two-spirit, male, trans, non-binary, etc.)? _____
3. What pronouns do you use? _____
4. What work experience do you have with the 2SLGBTQ+ community?
5. What community / volunteer experience do you have (highlight 2SLGBTQ+ if applicable)?
6. What are your interests/hobbies?
7. Please tell us about your interest in Totally OUTright:
8. How / where did you hear about Totally OUTright? _____

9. Totally OUTright will be held virtually through both Zoom (for weekly virtual meetings) and also through an online learning platform for the course content. The weekly virtual meetings on Zoom would happen every Monday evening from October 5 to November 16th.

Would you have to miss more than two of these sessions, and why?

10. Would you have access to a computing device (desktop, laptop, tablet, etc.) as well as high-speed internet connection to participate in the online workshops and virtual meetings?

11. If we could make it available, would you need to borrow a tablet computer to complete the course? NOTE: you would need to have access to WiFi.

12. Are there special needs that you need us to be aware of in order to eliminate barriers to your participation?

No Yes If yes, explain below:

13. Is there anything you'd like to add?

Email your completed application form to: GMHC2@acns.ns.ca