

Welcome Ambassador Program Application Form



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

Applications for the February sessions are due Thursday, January 21, 2021.

General Information

Name: _____

Organization/Affiliation: _____

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 race, ethnicity, religion, socioeconomic status, gender, sexuality, or disability influence your interest in this program?

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Statement of Commitment (please check and sign)

1. Attendance

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

- Session 1: Thursday, February 4, 2021 (1:00 to 4:00 pm)
- Session 2: Thursday, February 11, 2021 (1:00 to 4:00 pm)
- Session 3: Thursday, February 18, 2021 (1:00 to 4:00 pm)
- Session 4: Thursday, February 25, 2021 (1:00 to 4:00 pm)

All sessions will be held online due to COVID-19 restrictions.

2. Commitment

I agree to undertake at least two Welcome Ambassador activities following the successful completion of your Welcome Ambassador training (for example, workshop sessions, projects, conversations, etc. for family, friend or colleagues). (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 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 photos/videos in which you appear to be used _____