



Community Grant Program - Peer Review Committee Member Application

Name

Home Address

Town/City Postal Code

Home Phone

Home Email

Employer

Job Title

Work Address

Town/City Postal Code

Work Phone

Work Email

Indicate where you prefer we contact you:  Home  Work

Indicate which Peer Review Committee(s) you would like to be considered for.

- Northern
 Central
 South
 Provincial

Indicate which sector(s) you have experience with (experience may be paid or unpaid).

- Arts, Culture and Heritage
 Community Foundations/United Way's
 Corporate
 Education
 First Nations and Métis communities
 Health
 Human/Social Services
 Immigration/Newcomers
 Municipalities
 Nonprofit
 Rural and Northern communities
 Sport and Recreation

**Briefly describe your employment, education and community knowledge and experience. Be sure to highlight any experiences that relate specifically to the three Community Grant Program objectives (*healthy growth and development of children and youth; individual and community wellbeing; and nonprofit and community leadership*) and any prior experiences reviewing grant applications.**

**Include a list of the boards, committees and organizations you have been or are currently involved with either as a volunteer or in a professional capacity.**

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**Please provide two references that we may contact with regard to your application:**

<b>Name</b>	<input type="text"/>
<b>Organization</b>	<input type="text"/>
<b>Position Title</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>
<b>Name</b>	<input type="text"/>
<b>Organization</b>	<input type="text"/>
<b>Position Title</b>	<input type="text"/>
<b>Phone</b>	<input type="text"/>

**How did you learn about this opportunity?**

- E-Update
- Social Media
- Word of mouth
- Other: \_\_\_\_\_

**Optional: We are seeking a diversity of perspectives on the Peer Review Committees. If you choose to self-declare, indicate/highlight if you are:**

- Under age 30 (*must be 18 or older*)
- Over age 55
- First Nations
- Métis
- Newcomer

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I have read and understand the requirements of being a Peer Review Committee member as outlined and confirm that I am able to fulfil those requirements if selected as a committee member. I hereby certify that the information provided in this application is complete and accurate.

**Type your name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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*You are welcome to attach a resume and/or letters of reference with your application.*

**Application deadline is November 30, 2021.** All applicants will be notified no later than February 20, 2022 of the status of their application. Inquiries should be directed to Angie Sawatzky at 306.780.9397 or [asawatzky@cifsask.org](mailto:asawatzky@cifsask.org).

**Please forward your completed application to [asawatzky@cifsask.org](mailto:asawatzky@cifsask.org).**