



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. Please note for North, Central, and South Committees you must reside in the region you are applying for.

- North
- 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.

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

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

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: _____

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

Application deadline is November 30, 2024. Interviewed applicants will be notified no later than January 31, 2025 of the status of their application. Direct inquiries to Angie Sawatzky at 306.780.9397 or asawatzky@cifsask.org.

Please forward your completed application to asawatzky@cifsask.org.