



# Prince Edward Island

## Executive Council Office

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 Canada C1A 7N8

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Salutation:	First Name:	Last Name:
Address 1:		Address 2:
City, Town or 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 <input type="checkbox"/> Personal statement		
I am interested in the following Agencies, Boards and Commissions (ABCs):		
1. _____		
2. _____		
3. _____		
4. _____		
Describe how your experience, training or education makes you well suited to your ABCs of interest:		
1. <div style="border: 1px solid black; height: 60px;"></div>		
2. <div style="border: 1px solid black; height: 60px;"></div>		
3. <div style="border: 1px solid black; height: 60px;"></div>		
4. <div style="border: 1px solid black; height: 60px;"></div>		
Are there any accommodations required to support your full participation on the board?		

We are committed to promoting diversity and inclusion within our Agencies, Boards, and Commissions to ensure they are representative of the richness of our Island community. While the following questions are optional, the information collected will help us identify any underrepresentation and enable us to adopt more inclusive engagement approaches with diverse populations across PEI. In support of increasing diversified representation, the information collected may also be used in the assessment of applications. All information collected will be kept confidential.

With which gender(s) do you most identify (please check all that apply)?

Man <input type="checkbox"/>	Transgender Woman <input type="checkbox"/>	Non-binary <input type="checkbox"/>
Woman <input type="checkbox"/>	Transgender Non-binary <input type="checkbox"/>	Gender not listed, please specify:
Transgender Man <input type="checkbox"/>	Two- Spirit <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>

<p>Do you identify as a member of the 2SLGBTQIA+ community?          Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>Prefer not to answer, please provide more information</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>												
<p>What are your preferred pronouns?</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>Please indicate your age category:</p> <p style="text-align: center;">Under 18 <input type="checkbox"/>      40-49 <input type="checkbox"/>      70 and over <input type="checkbox"/></p> <p style="text-align: center;">18-29 <input type="checkbox"/>      50-59 <input type="checkbox"/>      Prefer not to <input type="checkbox"/> answer</p> <p style="text-align: center;">30-39 <input type="checkbox"/>      60-69 <input type="checkbox"/></p>											
<p>Do you have a disability or identify as a person living with a disability?          Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/> Prefer not to answer <input type="checkbox"/></p>												
<p>What language(s) do you regularly use?</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<p>Do you know French or English well enough to read and understand a document and carry on a conversation?</p> <p style="text-align: center;">French only <input type="checkbox"/>      French and English <input type="checkbox"/></p> <p style="text-align: center;">English only <input type="checkbox"/>      Neither French nor English <input type="checkbox"/></p>											
<p>Do you identify as an Indigenous person of Canada eg. First Nation, Métis, Inuit?          Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>Prefer not to say</p>												
<p>What is your residency status?</p> <p>Canadian Citizen <input type="checkbox"/>      Refugee <input type="checkbox"/>      Employer-specific/restricted work permit <input type="checkbox"/></p> <p>Permanent Resident <input type="checkbox"/>      Temporary foreign worker <input type="checkbox"/>      Prefer not to answer <input type="checkbox"/></p> <p>International Student (student visa) <input type="checkbox"/>      Open work permit <input type="checkbox"/></p>												
<p>Which race and/or ethnic category best describes you? Check all that apply.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Black e.g. (African, Afro-Caribbean, African Canadian descent)</td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Oceania Pacific e.g. (Indigenous to Australia, Melanesia, Micronesia, New Zealand and Polynesia)</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> East/Southeast Asian e.g. (Cambodian, Chinese, Filipino, Indonesian, Japanese, Korean, Taiwanese descent, Thai, Vietnamese, or other Southeast Asian descent)</td> <td style="vertical-align: top;"> <input type="checkbox"/> South Asian e.g. (South Asian descent [Afghan, Bangladeshi, East Indian, Indo-Caribbean, Pakistani, Sri Lankan])</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Indigenous e.g. (First Nations, Inuk, Inuit, Métis descent)</td> <td style="vertical-align: top;"> <input type="checkbox"/> Southwest Asian, North African e.g. (Arab [e.g. Algerian, Egyptian, Lebanese, Saudi Arabian, Syrian etc.], Kurdish, Persian, Turkish)</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Latinx e.g. (Latin American [Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Panama, etc.], Hispanic descent)</td> <td style="vertical-align: top;"> <input type="checkbox"/> White (e.g. European descent, Euro Canadian)</td> </tr> <tr> <td></td> <td style="vertical-align: top;"> <input type="checkbox"/> Prefer not to answer</td> </tr> </table>			<input type="checkbox"/> Black e.g. (African, Afro-Caribbean, African Canadian descent)	<input type="checkbox"/> Oceania Pacific e.g. (Indigenous to Australia, Melanesia, Micronesia, New Zealand and Polynesia)	<input type="checkbox"/> East/Southeast Asian e.g. (Cambodian, Chinese, Filipino, Indonesian, Japanese, Korean, Taiwanese descent, Thai, Vietnamese, or other Southeast Asian descent)	<input type="checkbox"/> South Asian e.g. (South Asian descent [Afghan, Bangladeshi, East Indian, Indo-Caribbean, Pakistani, Sri Lankan])	<input type="checkbox"/> Indigenous e.g. (First Nations, Inuk, Inuit, Métis descent)	<input type="checkbox"/> Southwest Asian, North African e.g. (Arab [e.g. Algerian, Egyptian, Lebanese, Saudi Arabian, Syrian etc.], Kurdish, Persian, Turkish)	<input type="checkbox"/> Latinx e.g. (Latin American [Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Panama, etc.], Hispanic descent)	<input type="checkbox"/> White (e.g. European descent, Euro Canadian)		<input type="checkbox"/> Prefer not to answer
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<p>Where did you hear about Engage PEI?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Facebook</td> <td style="width: 33%;"><input type="checkbox"/> Internet</td> <td style="width: 33%;"><input type="checkbox"/> Newspaper</td> </tr> <tr> <td><input type="checkbox"/> X (formerly Twitter)</td> <td><input type="checkbox"/> Government website</td> <td><input type="checkbox"/> Community Organization</td> </tr> <tr> <td><input type="checkbox"/> Social media other:</td> <td><input type="checkbox"/> Word of mouth</td> <td><input type="checkbox"/> Other:</td> </tr> </table> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>			<input type="checkbox"/> Facebook	<input type="checkbox"/> Internet	<input type="checkbox"/> Newspaper	<input type="checkbox"/> X (formerly Twitter)	<input type="checkbox"/> Government website	<input type="checkbox"/> Community Organization	<input type="checkbox"/> Social media other:	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Other:	
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*Personal information on this form is collected by the Executive Council Office under section 31(c) of the Freedom of Information and Protection of Privacy Act for program administration purposes. Questions regarding the collection or use of this information can be referred to the program coordinator at [engagepei@gov.pe.ca](mailto:engagepei@gov.pe.ca).*