

Expression of Interest in Advisory Committee – Questionnaire

Name: _____

Date: _____

1. Please share the reasons for your interest in participating as a member of the Advisory Committee.
2. Are you a care partner, person living with dementia, or family member/friend of someone living with dementia?
3. When did you start receiving support from AST? What supports/programs have you utilized?
4. Do you require any accommodation in order to participate within the Committee?

5. Meeting preferences:

Virtual on ZOOM OR in-person

If you selected in-person, please select your preferred location:

Alzheimer Society of Toronto Head Office
20 Eglinton Ave West, Toronto, ON M4R 1K8 (16th floor)

OR

Alzheimer Society of Toronto Mid-Scarborough Hub
2658 Eglinton Ave E, Scarborough, ON, M1K 2S3

6. Please select your time preference:

11:00 am – 1:00 pm OR 1:00 pm – 3:00 pm

7. Other Information/Comments: