



## COMMITTEE MEMBER VOLUNTEER APPLICATION FORM

Thank you for your interest in becoming a committee member with the College of Pharmacists of British Columbia (CPBC). **Please complete this application form and submit it along with your resume in PDF format to [volunteers@bcpharmacists.org](mailto:volunteers@bcpharmacists.org).**

If you have any questions about serving on committees, please contact CPBC at:  
[volunteers@bcpharmacists.org](mailto:volunteers@bcpharmacists.org).

### PRIVACY STATEMENT

CPBC collects, uses, discloses, stores, and retains personal information in compliance with the *Health Professions Act* (HPA) and the *Freedom of Information and Protection of Privacy Act* (FIPPA).

The personal information you provide in this application form is being collected and will be used by CPBC staff and the Board for the purpose of reviewing your qualifications and suitability as a potential committee member. If you are appointed to a committee, your personal information may also be used or disclosed in CPBC publications for transparency and accountability purposes. The collection of this personal information is permitted under sections 26(c) and (e) of FIPPA. The personal information you provide when completing this application form may be disclosed by CPBC to others, but only in accordance with the consent to disclose that you give by submitting this application form (see further below) or as otherwise authorized or required by law.

If you have any questions or concerns about CPBC's privacy practices, please contact the CPBC Privacy Officer at: [privacy@bcpharmacists.org](mailto:privacy@bcpharmacists.org).

### APPLICANT INFORMATION

Public Member

Pharmacist

Pharmacy Technician

Name

\_\_\_\_\_  
Last Name (Surname)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Other Name(s)

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City

Province

\_\_\_\_\_

Country

CPBC

Registration # \* \_\_\_\_\_

Tel (home) \_\_\_\_\_

Tel (work) \_\_\_\_\_

Email \_\_\_\_\_

*\*if applicable*

Please provide your education credential(s)

\_\_\_\_\_

Please provide your professional designation(s)

\_\_\_\_\_



### Which committee are you interested in serving on?

- Inquiry (Seeking **one** Public Member)
- Quality Assurance (Seeking **two** Registered Pharmacists or Pharmacy Technicians)

### INDIGENOUS CULTURAL SAFETY AND HUMILITY, ANTI-RACISM AND INCLUSIVITY.

The College recognizes that systemic racism and intolerance toward traditional Indigenous perspectives and approaches to health, as well as the enduring impacts of colonialism, continue to result in persistent barriers and greater health disparities for Indigenous Peoples in British Columbia.

Our committees are committed to taking active steps to identify, address, prevent and eliminate Indigenous-specific and other forms of racism and discrimination within our healthcare system. Our committees require diverse voices to ensure that all decisions respect unique cultural perspectives, including the specific rights, interests, priorities and concerns of First Nations, Inuit and Métis Peoples.

### COMMITTEE MEMBER COMPETENCIES

College committees are composed of members with diverse experiences, backgrounds and perspectives to promote comprehensive discussions that accurately represent the demographic make-up of British Columbia.

To achieve this, the College Board has developed a Composition Matrix outlining the essential competencies for an effective committee, including the desired values, skills, experiences, and knowledge for optimal committee composition. The Composition Matrix serves as a tool to identify and address any gaps in an individual committee's collective capabilities.

**We strongly advise potential Committee members to [review the Composition Matrix](#) thoroughly, as it will guide our assessment of candidates for available committee positions.**

### YOUR EXPERIENCE

#### Have you served on a CPBC committee?

- No       Yes (*please list the committees  
and the years*)

#### Have you served on any committees outside of CPBC?

- No       Yes (*please list the committees  
and the years*)



**Please outline specific experiences, skills, and perspectives you bring that would benefit and enhance the work being done by the committee you're interested in joining.**

**How do your experiences, background, and perspectives align with the competencies outlined in the CPBC Composition Matrix?**

#### **CONSENT TO DISCLOSE INFORMATION**

**By completing and submitting this application form, you are providing the College of Pharmacists of British Columbia your consent to disclose to the public, the board, committee members, college staff and college advisors, for the purposes described in this application form or a consistent purpose, the following personal information collected about you in this application or otherwise: name; contact information; region in which you live or practise; registrant class(es) and number, if applicable; committee/board service or experience; employment history; and education credentials. Your consent for this disclosure is effective on and from the date you submit this application.**

- By checking this box, I confirm that I have read and understand the privacy notice and consent to the disclosure of my personal information as described above.**
- By checking this box, I confirm I wish to be considered as a potential committee member with the College of Pharmacists of British Columbia.**
- By checking this box, I confirm I am electronically signing this application form.**

**Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_**

**Please email this form along with an up-to-date resume in PDF format to the College of Pharmacists of BC.**

**Email: [volunteers@bcpharmacists.org](mailto:volunteers@bcpharmacists.org)**