



# Application Form for African Nova Scotian Community Action Partnership (ANSCAP)

## Current Application Deadlines

Community Engagement ANSCAP	Friday, June 15, 2007, at 4:30 PM Atlantic
Youth ANSCAP	Friday, June 29, 2007, at 4:30 PM Atlantic

*For additional information contact (902) 424-5555 or 1-866-580-ANSA (2672)  
or please visit [www.gov.ns.ca/ansa](http://www.gov.ns.ca/ansa)*

# ANSCAP Application Form

An African Nova Scotian Community Action Partnership (**ANSCAP**) is a collection of volunteers who bring a unique level of insight and expertise that complement the knowledge and skills of staff.

Thank you for your interest.

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone: (home)** \_\_\_\_\_ **(work)** \_\_\_\_\_

**(cell)** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

***Note:** All applicants must be residents of the Province of Nova Scotia.*

**Your privacy is important to us.** The Office of African Nova Scotian Affairs is subject to the Freedom of Information and Protection of Privacy Act, and as such, will not release personal information collected on this form. Information collected will be used by ANSA for record keeping, statistical, and planning purposes, only.

The questions in the grey box are optional. Answers will be kept confidential and only presented in compiled form to provide data about ANSCAP participant demographics.

**Optional questions:** Your answers will help us to select groups that represent the province by location, age, and gender.

Area of Nova Scotia

- Cape Breton
- Truro-Guysborough area
- Truro-Amherst area
- Halifax Regional Municipality
- Valley (*Digby to Windsor*)
- Southwest (*South Shore including Yarmouth*)

Age range

- 18-34 years of age
- 35-59 years of age
- 60 years of age and older

Gender

- Female
- Male



Do you have experience in any of the following?

- Planning
- Asset Mapping
- Funding Applications

- Community Vulnerability Assessment
- Open Space Technology
- Program Evaluation

Is your resume attached?

- Yes       No

List at least three (3) strengths you have which you feel would be helpful in the work of the ANSCAP.

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Briefly describe at least four (4) underlying factors that contribute to the issues related to the ANSCAP you are applying for.

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What do you think are the five (5) main reasons for the lack of progress related to this ANSCAP?

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## Declaration and Signature

I have read the information in the ANSCAP information package and understand the purpose and role of ANSCAPs. I declare the information I have provided in this application form is accurate and complete.

I am aware that the Office of African Nova Scotian Affairs is subject to the Freedom of Information and Protection of Privacy Act, as indicated above.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

### Return completed and signed applications to

The Office of African Nova Scotian Affairs  
5670 Spring Garden Road, Suite #604  
P.O. Box 2691  
Halifax, Nova Scotia B3J 3P7

Fax (902) 424-7189  
Email: [hamiltwc@gov.ns.ca](mailto:hamiltwc@gov.ns.ca)

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