

## Expression of Interest

### CHILD DEVELOPMENT PROGRAMS FAMILY ADVISORY COUNCIL

York Region  
Preschool Speech  
& Language  
Program

**Name:**

**Address:**

**Telephone Number:**

**Email address:**

Tri-Regional  
Infant Hearing  
Program

1. What program(s) is/was your child(ren) enrolled in?
  - York Region Preschool Speech and Language Program
  - Tri-Regional Infant Hearing Program
  - Tri-Regional Blind-Low Vision Program

2. Why would you like to volunteer?

Tri-Regional  
Blind-Low Vision  
Early Intervention  
Program

3. What do you think you could contribute to the Committee?

4. What would you like to get out of this volunteer opportunity?

*Our Family Advisory Committee typically meets from 6:30-8:30 and a light dinner is provided. Child Development Programs will cover the cost of your travel to and from the meetings and any parking costs. We will also pay child care/babysitting costs so you can attend the meetings. In addition we offer a \$50/meeting participation honourarium. Our meetings are held in our Oak Ridges or Richmond Hill office. Depending on the Committee members, other meetings may be held at a different location.*

Please send your Expression of Interest to my Administrative Assistant Simone Reali, [sreali@msh.on.ca](mailto:sreali@msh.on.ca).

Thank you for your interest in our Family Advisory Committee!



**Trisha Lawless, Director  
Child Development Programs**