

Niagara Diversity, Equity, and Inclusion Community of Practice - Membership Form

What organization do you represent?

What is your name?

What is your job title?

What is your email address?

What is the name of a potential alternative representative from your organization?

What is the title/role of the alternative representative from your organization?

What is the email address of the alternative representative from your organization?

Do you consent for leadership of this group to share your name, position and email address with the other members of the Diversity, Equity and Inclusion Community of Practice?

☐ Yes

☐ No

Comments:

Do you and your organization agree with the Community of Practice Guiding Intentions document?
(If you do not have a copy of the Guiding Intentions, please email diversity@niagararegion.ca.)

☐ Yes

☐ No

Comments:

**As a member of the Niagara Diversity, Equity and Inclusion
Community of Practice, I am committed to:**

- Attending meetings with cultural humility, interacting with humility, respect and curiosity and in the spirit of working together to promote diversity, equity and inclusion
- Fostering inclusive and brave spaces that value and promote the dignity of all, where we embrace and respect differences
- Engaging in open dialogue that promotes understanding and cooperation as the basis of all interactions
- Embracing discomfort by taking risks, being self-reflective, welcoming difficult discussions, and view challenging conversations as opportunities for growth
- Seeking diverse representation to reflect the diversity of our community and cultivate welcoming spaces for people of all backgrounds and identities

Do you agree?

☐ Yes ☐ No

Please provide any other comments or questions regarding the Community of Practice.

Thank you for completing the form. Please email it to **diversity@niagararegion.ca**.
Leadership will review your submission and contact you regarding next steps.

If you have any questions, please email **diversity@niagararegion.ca**.