# Ad Hoc Community Partnership


## Request Form

This form is to be completed by any working groups, partners, or collaborators who would like to work with or seek feedback from AOHT community partners. Please provide all relevant details pertaining to the engagement opportunity. Once complete, this form will be circulated to our community partner network as a call out for interested individuals. Please ensure readiness from your team to work with partners **before** submitting this form.

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| --- | --- |
| Contact Name: |  |
| Working Group, Project, or Organization Name: |  |
| Date of Request: |  |
| Email Address: |  |
| Project description: |  |
| How would you like partners to be involved? |  |
| Number of partners required: |  |
| Typical meeting time, duration, and frequency: |  |
| Duration of involvement requested: |  |
| Specific experience or skill set requested: |  |
| Are there any additional details you would like to share? |  |

Completed request forms can be sent to Leah Hodgson at leah.hodgson@algomaoht.ca.