**OPA Student Advisory Council Member Application**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OPA Member No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Please indicate your school, the position you are applying for and which class you are in:**

School: University of Toronto University of Waterloo

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class of \_\_\_\_\_\_\_\_ (year) Current Level of Enrollment 1st Year 2nd Year 3rd Year 4th Year

1. **Why are you interested in this position?**
2. **How will your skills, education, and/or experiences help you to achieve success in this role?**
3. **Describe any committee/student group experience that you have including details about what is/was your role.**
4. **What role do you feel pharmacy students can have when it comes to advocacy?**
5. **Please include a copy of your resume with your application form and send to** **rxstudent@opatoday.com****.**