

# Advisor Questionnaire

Please save this form and submit via email to [info@oetn.ca](mailto:info@oetn.ca)

## Contact Information

Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City Province Postal Code

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Short Biography

Please provide a short overview of your professional experience (250 words or less)

### Fields in which you have experience and interest

### Your Skillsets

Please check area to the left of the option; specify any "Other" in text area below

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Energy	<input type="checkbox"/> Planning	<input type="checkbox"/> Scientific research	<input type="checkbox"/> Citizen engagement
<input type="checkbox"/> Biodiversity	<input type="checkbox"/> Environmental science	<input type="checkbox"/> Transportation	<input type="checkbox"/> Video production	<input type="checkbox"/> Communications
<input type="checkbox"/> Climate	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Urban design	<input type="checkbox"/> Website design	<input type="checkbox"/> Needs assessment
<input type="checkbox"/> Conservation	<input type="checkbox"/> Forestry	<input type="checkbox"/> Water	<input type="checkbox"/> Project management	<input type="checkbox"/> Project development
<input type="checkbox"/> Other Interest	<input type="checkbox"/> Other Interest	<input type="checkbox"/> Other Interest	<input type="checkbox"/> Other Skills	<input type="checkbox"/> Other Skills

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