



APPLICATION FOR BOARDS AND COMMITTEES

**THE CORPORATION OF THE
CITY OF OWEN SOUND
808 2nd Avenue East
OWEN SOUND ON N4K 2H4**

**A COMPLETE UP TO DATE RESUME MUST BE ATTACHED
INCLUDING A LIST OF REFERENCES**

NAME: (Please Print) _____

ADDRESS: _____

POSTAL CODE: _____ EMAIL: _____ PHONE: _____

BOARD OR COMMITTEE BEING APPLIED FOR: (Please indicate Order of Preference)

If you are applying for the ACCESSIBILITY ADVISORY COMMITTEE:

Are you a person with a disability Yes _____ No _____

**HAVE YOU PREVIOUSLY SERVED ON A CITY BOARD OR COMMITTEE? IF YES,
INDICATE NAME OF BOARD OR COMMITTEE AND YEARS OF SERVICE.**

COMMITTEE NAME **YEARS OF SERVICE**

(Please complete reverse side)

PLEASE DESCRIBE YOUR **REASONS** FOR WISHING TO SERVE ON THE BOARD(S) OR COMMITTEE(S)

ARE YOU INVOLVED WITH AND/OR EMPLOYED IN A FIELD RELATED TO THE BOARD AND/OR COMMITTEE YOU ARE APPLYING FOR? Yes ____ No ____

If Yes, please explain:

ARE YOU A QUALIFIED ELECTOR IN THE CITY OF OWEN SOUND? Yes ____ No ____
(This qualification applies only to certain Boards and Committees)

The information on this application is gathered in accordance with the Municipal Act, Chapter M.45, R.S.O. 1990. This application is to be considered confidential and used only by the Clerk for administrative purposes and will be distributed to City Council for selection of members to serve on various City Boards, Committees and Commissions. All information of a personal or private nature is protected by the Municipal Freedom of Information and Protection of Individual Privacy Act, Chapter F.31, R.S.O., 1990. Any or all of the information contained on this form may be subject to disclosure under the Act if circumstances warrant.

Date

Signature of Applicant

MAIL SIGNED APPLICATION TO:

Lois K. O'Neill, Acting City Clerk
City of Owen Sound
808 2nd Avenue East
OWEN SOUND ON N4K 2H4
loneill@owensound.ca
Phone: 519-376-4440 ext. 1228
Fax: 519-371-0511