

APPLICATION FOR BOARD AND COMMITTEE APPOINTMENTS



GENERAL INFORMATION

Please specify the Committee(s) or Board you wish to apply for. You may be appointed to one Committee or Board only, so please rank in order of interest.

1. _____
2. _____
3. _____

Please indicate your availability for attending Committee or Board Meetings:

Days ☐

Evenings ☐

PERSONAL DATA

Name: (please print) _____

Address: (Street) _____ **Postal Code:** _____

Telephone: Days: _____ Evenings: _____

E-mail Address: _____

EMPLOYMENT HISTORY

Employer: _____

Position: _____

Length of Service: From: _____ To: _____

Duties: _____

Employer: _____

Position: _____

Length of Service: From: _____ To: _____

Duties: _____

EDUCATION

Elementary/Secondary: _____

College/University: _____

Other Education/Training: _____

VOLUNTEER EXPERIENCE

Organization/Association: _____

Role/Responsibilities: _____

Organization/Association: _____

Role/Responsibilities: _____

Organization/Association: _____

Role/Responsibilities: _____

REASON FOR APPLICATION

Briefly explain why you are interested in becoming a member of a Committee or Board, for the Town of Georgina:

APPLICANT AGREEMENT:

I certify that all the information given by me is accurate and complete. I also understand that if appointed to a Committee or Board, falsified information on this application shall be considered sufficient cause for immediate dismissal from the Committee or Board.

Signature of Applicant: _____ Date: _____

Personal information collected will be used in accordance with the Municipal Freedom of Information and Protection of Privacy Act for the purpose of candidate selection. Further information concerning the collection of personal information should be directed to the Town Clerk, Town of Georgina, 26557 Civic Centre Road, Keswick, Ontario L4P 3G1.

**FOR OFFICIAL USE ONLY
PLEASE DO NOT WRITE BELOW THIS LINE**

APPOINTED TO COMMITTEE/BOARD:

YES

☐

NO

☐**COMMITTEE/BOARD APPOINTED TO:**

SOCIAL INSURANCE NUMBER:
