



COUNTY OF PERTH

APPLICATION FOR APPOINTMENT TO A COUNCIL ADVISORY COMMITTEE OR SPECIAL PURPOSE BODY

Submit only one application per person; include a resume, if applicable.

PLEASE PRINT OR TYPE

Indicate the name of Committee you wish to serve on:

1st choice: _____

2nd choice: _____

Personal Information: Mr. Mrs. Ms. (Please choose one)

NAME: _____

HOME ADDRESS: _____
Street City Postal Code

MAILING ADDRESS: _____
(if different than above) Street City Postal Code

TELEPHONE: Home _____ Business _____

FAX: _____ **E-MAIL:** _____

List all County (and any local municipal) advisory committees or special purpose bodies that you are *presently* serving on or were previously appointed to, including ad hoc committees and appointments to other County Committees.

	<u>FROM</u> (date)	<u>TO</u> (date)
1. _____	to	_____
2. _____	to	_____
3. _____	to	_____

Relevant Educational Background:

Relevant Occupational Background:

What qualifications can you bring to the advisory committee or board?

Please include any other information that you think would be helpful to Council in making a decision.

Are you available to attend meetings:

During business hours? Yes _____ No _____

In the evening hours? Yes _____ No _____

I agree that, if appointed, I will abide by any applicable County policies or provincial regulations, as related to the pecuniary interests. I am a eligible elector, Canadian Citizen and am 18 years of age or older.

Signature _____ **Date** _____

Return to:
 County Clerk
 County of Perth, 1 Huron Street,
 Stratford, ON N5A 5S4
 Phone 519-271-0531 or Fax 519-271-6265

Personal information is collected under the authority of the Municipal Act and will be used to determine suitability for appointment. Questions regarding the collection of personal information should be directed to the above noted, Office of the County Clerk.

Applicants are responsible for ensuring that their application has been received by the County Clerk's office. All applications will be kept in accordance with the County of Perth Records Retention By-law.

FOR OFFICE USE ONLY:

<input type="checkbox"/> New Appointment Application	<input type="checkbox"/> Re-Appointment Application
<input type="checkbox"/> Application copied to Committee Staff	Date: _____
<input type="checkbox"/> Appointment approved by Council	Date: _____
<input type="checkbox"/> Notification letter sent	Date: _____