



**2014 – 2018**  
**Town of Penetanguishene**  
**Advisory Committee/Board Application**

Thank you for your interest in volunteering to be appointed to an Advisory Committee of Council/Board with the Town of Penetanguishene. Completed application forms can be returned to the Townhall, 10 Robert Street West, by fax to 549-3743 or by email to [scooper@penetanguishene.ca](mailto:scooper@penetanguishene.ca)

<b>Part I</b> ( <i>Print clearly in space provided.</i> )		
Surname	Given Names	
Mailing Address		
City/Town	Postal Code	
Home Phone	Business Phone	
Physical Address (Street name and number)	E-Mail Address	
<b>Part II</b> ( <i>Check Yes or No</i> )	Yes	No
At least eighteen (18) years of age?		
A Canadian citizen?		
An employee or contractor of the Town of Penetanguishene?		
Have been convicted of an offence under the Canadian Criminal Code; Will not, as a result of direct or indirect pecuniary interests under the Municipal Conflict of Interest Act, R.S.O. 1990, C.50 as amended, be consistently prevented from participating in the business of the Committee?		
Have a current or pending litigation/lawsuit with or against the Town of Penetanguishene?		
Do you have current or previous experience working on a volunteer committee?		
A resident of Penetanguishene?		
Are you affiliated with a volunteer committee or friends group that has a mandate similar to the committee for which you are applying (eg. regional, provincial committee)? Please indicate the name of the committee: _____		
Please indicate any experience and/or qualifications that you feel would be an asset to the Committee/Board for which you are applying. (or attach resume)		
_____		
_____		
_____		
_____		

Why do you want to volunteer for the Committee/Board for which you are applying?

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**Part III** (Note preference in numerical order, check all that apply)  
*\*If you selected one of these committees/boards, please refer to additional questions below.*

I am interested in a volunteer position on the following committee/board:

Accessibility\*     
  Downtown Improvement\*     
  Heritage     
  Library Board  
 Museum Advisory Committee     
  Police Services Board     
  Seniors Council     
  Trails  
 Transit Committee     
  Committee of Adjustment

**\*Additional Questions Pertaining to Individual Committees/Boards**

<b>Accessibility Committee</b>	Yes	No
Are you a disabled person within the meaning of the ODA or AODA?		
Are you employed by or volunteer with an association that provides services and/or support to the disabled community?		
<b>Downtown Improvement Committee</b>	Yes	No
<i>Please indicate which sector within the Town of Penetanguishene would best describe the Section that you would represent.</i>		
Main Street and/or Small Business Owner		
Owner and/or Operator/Employee of a Business in the Industrial Park		
Owner and/or Operator/Employee of a Tourism Based Business or Marina		
Owner and/or Operator/Employee of a Finance, Real Estate or Development business		
Employed by or a volunteer with an association that provides services and/or support to the Francophone Community		

I declare that the information provided by me in this application is, to the best of my knowledge, an accurate statement of the facts.

Signature	Date
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<b>For Office Use Only</b>	
Reviewed By (staff):	Reviewed by (Mayor):
Appointed by Council on (date):	Appointed to (committee):