

Town of Penetanguíshene Advisory Committee/Board Application

Thank you for your interest in volunteering to be appointed to an Advisory Committee of Council with the Town of Penetanguishene. Completed application forms can be returned to Townhall, 10 Robert Street West, Penetanguishene, by fax to 705-549-3743 or by email to <u>scooper@penetanguishene.ca</u>

PART 1 (Print clearly in space provided)						
Surname	Given Names					
Mailing Address						
City/Town	Postal Code					
Home Phone	Cell Phone					
Physical Address (if different from above)	Email					
PART 2 (Check yes or no)		YES	NO			
Are you at least eighteen (18) years of age? (committees other than Youth Council)						
Are you a Canadian citizen?						
Are you an employee or contractor of the Town of Penetanguishene?						
Have you 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 participated in the business of the Committee?						
Do you have a current or pending litigation/lawsuit with or against the Town of Penetanguishene?						
Do you have a current or previous experience committee?						
Are you a resident of the Town of Penetanguishene?						
Are you affiliated with a volunteer committee of similar to the committee for which you are app committee)? Please indicate the name of the						
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 a resume)						



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Why do you want to volunteer for the Committee/Board for which you are applying?							
PART 3 (Note your preference in numerical order beside all that apply) *If you selected Accessibility or Downtown Improvement Committee, please refer to additional questions below.							
Libra	ry Board	Downtown Improvement*	Huronia Airport				
	eum & Heritage Imittee	Police Services Board	Trails				
Tran	sit Committee	Committee of Adjustment	Community Wellbeing Comr	nittee			
Community Wellbeing Committee (indicate if you would like to represent Seniors, Youth (16-30), Accessibility, Francophone, or Indigenous)							
Downtow	n Improvement	Committee (Indicate w	hat soctor hast describes you)	YES	NO		
Downtown Improvement Committee (Indicate what sector best describes you) Main Street and/or Small Business Owner					NO		
Owner 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							
services 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	j - 1		Date				
FOR OFFICE USE ONLY							
Reviewe	d by (staff):		Reviewed by (Mayor):				
Appointe	ed by Council (da	ate):	Appointed to (committee):				

Personal information contained on this form/document/application is collected pursuant to the Municipal Freedom of Information and Protection of Privacy and will be used for the purpose for which it was collected. Questions about this collection should be directed to the Clerk of the Town of Penetanguishene.