

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 scooper@penetanguishene.ca

				
PART 1 (Print clearly in space provided)				
Surname	Given Names			
Mailing Address				
ividiling Address				
City/Town	Postal Code			
Home Phone	Cell Phone			
Physical Address (if different from above)	Email			
DADI 2 (Chock yes or no)		YES	NO	
PART 2 (Check yes or no)	2 (committees other than Vouth	TES	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 unde				
Will not, as a result of direct or indirect pecunia				
Conflict of Interest Act, R.S.O. 1990, C.50 as an	-			
prevented from participated in the business of	the Committee?			
Do you have a current or pending litigation/la	wsuit with or against the Town of			
Penetanguishene?				
Do you have a current or previous experience working on a volunteer				
committee?				
Are you a resident of the Town of Penetanguis				
Are you affiliated with a volunteer committee	• .			
similar to the committee for which you are app				
committee)? Please indicate the name of the				
Please indicate any experience and/or qualific	——————————————————————————————————————	asserro	o ine	
Committee/Board for which you are applying:	(or attach a resume)			



Town of Penetanguíshene

Advisory Committee/Board Application

Why	y do you want to volur	nteer for the Committe	e/Board for which you a	re applyin	g?	_	
						_	
		nce in numerical order own Improvement Committee, ple	r beside all that apply) ease refer to additional questions be	low.			
	Library Board	Downtown Improvement*	Huronia Airport	Diversity, Equity & Inclusion Committee			
	Museum & Heritage Committee	Police Services Board	Trails	Economic Advisory Committee			
	Transit Committee	Committee of Adjustment	Community Wellb	peing Committee			
Community Wellbeing Committee (indicate if you would like to represent Seniors, Youth (16-30), Accessibility, Francophone, or Indigenous)							
Downtown Improvement Committee (Indicate what sector best describes you) YES N						NO	
Main Street and/or Small Business Owner					120	110	
Owner and/or Small Business Owner							
Owner and/or Operator/Employee of a business in the industrial park							
			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							
			n that provides services	and/or			
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