

# APPLICATION FOR JOINT COMPLIANCE AUDIT COMMITTEE

Member Municipalities:  **North Perth**     **West Perth**     **Perth East**  
 **Perth South**     **St. Marys**     **Stratford**

NAME:			
MAILING ADDRESS:			
TELEPHONE # (day-time):		TELEPHONE # (evening):	
EMAIL:			

**1. Questionnaire and Certification** - *Check all that apply in Box 1:*

I am:

- A Canadian Citizen
- 18 years of age or older
- A resident of:             North Perth             West Perth             Perth East  
    Perth South             St. Marys             Stratford
- or
- An eligible elector in:    North Perth             West Perth             Perth East  
    Perth South             St. Marys             Stratford
- Able to attend Committee meetings (daytime and/or evening as scheduled)

**2. The Joint Committee is composed of 5 members and shall not include:**

- An employee or officer of the Member Municipalities,
- A member of Council of the Member Municipalities or
- A candidate in the most recent municipal election and any by-elections during Council's term for any of the Member Municipalities.

**Are you any of the above?:**         **Yes**     **No**

\*If yes, you are not eligible to be a member of this Joint Committee.

**3. Describe your current or previous employment or occupations?**

<p>4. Describe your knowledge of or experience with the <i>Municipal Elections Act, 1996</i>.</p>
<p>5. Describe your knowledge of or experience with the campaign financing rules in the <i>Municipal Elections Act, 1996</i>.</p>
<p>6. Describe your qualifications and experience for this position.</p>
<p>7. Describe your experience working on a committee, task force or similar setting?</p>
<p>8. Curriculum Vitae (CV), Resume or other information attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Would you have any conflicts of interest or potential conflicts of interest if you were appointed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, describe the general nature of the conflict of interest (e.g. providing financial assistance or legal counsel to any candidate running for council in the latest municipal election.)</p>
<p>If appointed to the Joint Compliance Audit Committee, I agree that I will not provide advice to, prepare or audit the election campaign financial statements of any candidate for office on Council or become a candidate in the 2018 municipal election and any by-elections during Council's term for any of the Member Municipalities.</p>

*I hereby certify that the information contained in this application is accurate.*

Signature:

Date:

The term of office for the Joint Compliance Audit Committee is concurrent with the term of Council to deal with applications from the election and any bi-elections during Council's term. This term is December 1, 2018 to November 15, 2022

Personal information collected on this application is gathered in accordance with the *Municipal Elections Act, 1996* and the *Municipal Act*, for use in making appointments to this Joint Audit Compliance Committee. The information on this application will be provided to Council for selection of members to serve on the Committee. The information contained on this form may be subject to disclosure under the *Municipal Freedom of Information and Protection of Privacy Act* if circumstances warrant. Inquiries about the Act may be directed to any one of the Clerks of the Member Municipalities listed below:.

Thank you for applying.  
Forward your completed Application to:

**Corporation of the County of Perth**

Clerk

Court House, 1 Huron Street, Stratford ON N5A 5S4

Email: [lwolfe@perthcounty.ca](mailto:lwolfe@perthcounty.ca)

Telephone: (519) 271-0531 x 120

Fax: (519) 271-6265

Website: [www.perthcounty.ca](http://www.perthcounty.ca)