



**TOWNSHIP OF PERTH EAST
APPLICATION FOR APPOINTMENT TO A COUNCIL ADVISORY COMMITTEE OR SPECIAL
PURPOSE BODY**

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

Indicate the name of the Committee you wish to serve on:

1st Choice: _____

2nd Choice : _____

NAME: _____

HOME ADDRESS: _____
Street City Postal Code

TELEPHONE: Home _____ Mobile _____

E-MAIL: _____

List all (and any County/ 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.

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

Briefly explain the volunteer experience or qualifications you would bring to this committee or special purpose body?

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 Township 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 _____

Please return to:

Theresa Campbell, Clerk
Township of Perth East
25 Mill St. Milverton, ON
N0K 1M0
tcampbell@pertheast.ca
Phone 519-595-2800 ext 223

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 Municipal Clerk.

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

FOR OFFICE USE ONLY:

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