



Town of Penetanguishene

Advisory Committee/Board Application

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?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Canadian citizen?	<input type="checkbox"/>	<input type="checkbox"/>
Are you an employee or contractor of the Town of Penetanguishene?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current or pending litigation/lawsuit with or against the Town of Penetanguishene?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a current or previous experience working on a volunteer committee?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a resident of the Town of Penetanguishene?	<input type="checkbox"/>	<input type="checkbox"/>
Are you affiliated with a volunteer committee or group that has a mandate similar to the committee for which you are applying (e.g. regional, provincial committee)? Please indicate the name of the Committee: _____	<input type="checkbox"/>	<input type="checkbox"/>

PART 3 (Should you be interested in sitting on more than one committee, please note your preference in numerical order beside all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Committee of Adjustment | <input type="checkbox"/> Diversity, Equity & Inclusion Committee | <input type="checkbox"/> Economic Advisory Committee |
| <input type="checkbox"/> Huronia Airport Committee | <input type="checkbox"/> Library Board | <input type="checkbox"/> Museum & Heritage Committee |
| <input type="checkbox"/> SGB OPP Detachment Board | <input type="checkbox"/> Trails Committee | <input type="checkbox"/> Transit Committee |

Wellbeing & Accessibility Committee

Check here if you are interested in serving on more than one committee.

Check here to have your application held for the term in the event you are not selected to serve at this time.

Please indicate your ideal meeting time – morning, afternoon or evening, specific days? Generally, meetings take place at most, monthly. Would you be able to commit to this?

PLEASE RETURN COMPLETED FORMS TO:

Clerks Department - Town of Penetanguishene 705-549-7453
 10 Robert Street, West, Penetanguishene, ON L9M 2G2 clerks@penetanguishene.ca



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Please indicate below whether you'd like to identify or represent a certain group (s) within a committee as per their terms of reference. (Optional) Accessibility, Business owner, Francophone, Indigenous, LGBTQ2S+, Seniors, Tourism Industry, Youth (16-30) etc.

PART 4

Please tell us about yourself and why you're interested in serving on 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 a resume)

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Have you previously served on a community volunteer committee or Town Board or Committee? YES NO
 If yes, indicate the name of the Board or Committee and the years of service

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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Notice of Collection:
 This application may contain "Personal Information" as defined under the Municipal Freedom of Information Act and Protection of Privacy Act. This information is collected pursuant to Municipal Act, 2001 as amended. It will be used by the Town of Penetanguishene to process this application to determine whether to appoint an individual to a Board/Committee, for administration of such appointment and for law enforcement purposes to ensure compliance with all applicable statutes, regulation and by-laws. Questions about this collection should be directed to the Clerk, 10 Robert Street West, Penetanguishene, ON L9M 2G2 705-549-7453 ext. 211

Accessibility:
 Accommodation will be provided in accordance with the Accessibility for Ontarians with Disabilities Act (AODA)

FOR OFFICE USE ONLY

Reviewed by (staff):	Reviewed by (Mayor):
Appointed by Council (date):	Appointed to (committee):

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