



2023 – 2026

Town of Penetanguishene

Advisory Committee/Board Application

Thank you for your interest in volunteering to be appointed to the Town Dock Technical Advisory Committee

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?		
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 working on a volunteer committee?		
Are you a resident of the Town of Penetanguishene?		
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: _____		
PART 3 (Note your preference in numerical order beside all that apply)		
<i>*If you selected Community Wellbeing Committee or Diversity, Equity and Inclusion Committee, please refer to additional questions below.</i>		
<input type="checkbox"/> Committee of Adjustment	<input type="checkbox"/> Economic Advisory Committee	<input type="checkbox"/> Museum & Heritage Committee
<input type="checkbox"/> Community Wellbeing Committee	<input type="checkbox"/> Library Board	<input type="checkbox"/> SGB OPP Detachment Board
<input type="checkbox"/> Diversity, Equity & Inclusion Committee	<input type="checkbox"/> Main Street Art Committee	<input type="checkbox"/> Trails Committee
		<input type="checkbox"/> Transit Committee
		<input type="checkbox"/> Winterama Ad-hoc Committee
		<input type="checkbox"/> 51 Dunlop St Ad-hoc
<input type="checkbox"/>	Check here if you are interested in serving on more than one committee.	
<input type="checkbox"/>	Check here to have your application held for a period of one year in the event you are not selected to serve at this time.	

PLEASE RETURN COMPLETED FORMS TO:

Kelly Cole
Deputy Clerk

10 Robert Street, West, Penetanguishene, ON L9M 2G2

705-549-7453 ext. 241

kcole@penetanguishene.ca



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Please indicate below whether you'd like to identify or represent a certain group(s) within a committee (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?

If yes, indicate the name of the Board or Committee and the years of service

YES

NO

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

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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