

Application for Penetanguishene Secondary School Community Closure Program Steering Committee

Contact Information				
Name:		Date:		
Address:				
Town:		Postal Code:		
Phone (home):	Phone (work)			
Phone (cell):				
Email:				
Committe	ee Information	1		
I am available for meetings (check all that	t apply):			
□ Mornings □ Aftern		Evenings		
	I Information			
1. Why do you want to volunteer for the PSS Community Closure Steering Committee?				
<u> </u>				
2. Please indicate any experience and/or qualifications that you feel would be an asset				
to the Committee for which you are a	opiying.			

 Did you previously serve on the 2016 PSS Reunion Committee or on a Town Board or Town Committee? Yes □ No □
If yes, indicate the name of the Committee and the years of service if a Town

Committee:			
4. Did you attend PSS an	d if so which years?		
5. Did you work at PSS a	nd if so which years?	?	
Résumé Included: Yes	i □ No □	Signature of Applicant:	

Date:

NOTE that the number of Committee Members appointed will be limited and selection will strive to achieve a cross representation of skills, experiences, and demographics.

Return completed form to:

Sherry Desjardins, Director of Recreation and Community Services Town of Penetanguishene 10 Robert Street West P.O. Box 5009 Penetanguishene, Ontario Email: <u>sdesjardins@penetanguishene.ca</u>

For further information about this project, please visit <u>ConnectPenetanguishene.ca</u>, call (705) 549-7453, Ext. 216 or email the above noted contact.

Personal information collected will be used in accordance with *the Municipal Freedom* of *Information and Protection of Privacy Act* for the purpose of considering appointments to the Town of Penetanguishene's Committees. The name, address and contact information of successful applicants will be disclosed to the relevant Committee. Questions about this collection should be directed to the Clerk of the Town of Penetanguishene.

Office	Use	Only

Date Received:

Reviewed by: