



## **SECTION ONE: Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade/Academic Year: \_\_\_\_\_

## **SECTION TWO: Motivation**

Why would you like to sit on this Council? Please provide three reasons.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

## **SECTION THREE: Skills & Experience**

Briefly describe additional skills or experience relevant to this appointment. (If more space is required, please use a separate sheet of paper)

\_\_\_\_\_

\_\_\_\_\_

## **SECTION FOUR: References**

Please provide two references that can attest to leadership potential. One reference must be a current or previous employer, teacher or coach. No family members as references please.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **SECTION FIVE: Interests**

Please tell us what you enjoy participating in during your spare time:

\_\_\_\_\_

\_\_\_\_\_

Please return this application form to:

66 Charlotte St.

Port Colborne, ON L3K 3C8

*Information on this form is collected under the authority of the Municipal Act.*