



**CONFIDENTIAL
CITY OF PORT COLBORNE
APPLICATION FOR APPOINTMENT TO
BOARDS/COMMITTEES**

Note: You must be an Eligible Elector in the City of Port Colborne in order to be a Board/Committee member. "Eligible Elector" means you are a resident of Port Colborne or the owner or tenant of land, or the spouse of such owner or tenant; a Canadian citizen; and at least 18 years old. If applying to the Port Colborne Public Library Board, you must be an Eligible Elector and a Port Colborne resident.

Note: Applicants are welcome to submit a resume, but it must be submitted along with this application form (completed in full).

PLEASE PRINT CLEARLY

Application for Appointment to: _____
(Name of Board/Committee)

*If applying for more than one board/committee, a separate application is required for each.

Eligible Elector: Yes No
Port Colborne Resident: Yes No

Personal Information:
Name: _____ Ms. Mr.
(First and Last Name)

Mailing Address: _____
(Street Name and Number)

(City) (Postal Code)

Contact Information:
Home: _____ Work: _____
Cell: _____ Fax: _____
E-mail Address: _____

Please provide a summary of your business/work experience and education:

*If retired, please indicate your previous occupation.

Please explain how your business/work experience or education is related to the mandate of the board/committee:

Please state why you are interested in serving on this board/committee:

What skills, abilities and specialized knowledge do you have that will assist this board/committee:

Have you read the board/committee description and the City's Appointments to Boards and Committees Policy (available on the City's website), and are you able to commit the time required to carry out these duties?

Have you previously served as a member of this or any other City of Port Colborne board/committee? If yes, please indicate the board/committee and length of time:

Please provide any additional information and/or comments that may be relevant:

Consent to Use of Personal Information:

In the event I am a successful applicant, I consent to the release to the general public of my name and a brief summary of personal information concerning education, qualifications and experience provided on this application:

Signature of Applicant Date

*Names and personal information of unsuccessful applicants will not be released publicly.

Please submit your completed application by mail, e-mail, fax or personal delivery to:

City Clerk, Port Colborne Municipal Office
66 Charlotte Street
Port Colborne, Ontario L3K 3C8
Fax: 905-834-5746
E-mail: cityclerk@portcolborne.ca

Personal information on this form is collected under the authority of the *Municipal Act, 2001*, and pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*, will be used only for selecting appointees to boards/committees. Questions about the collection of personal information or about the selection process in general, should be directed to the City Clerk at 905-835-2900 or at the address indicated above.