



**PORT COLBORNE**

**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:**

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\*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:**

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

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

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**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?**

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**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:**

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

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**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:

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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](mailto: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.