



COMMITTEE/COMMISSION APPLICATION

13211 Henry Ave, Box 159
Summerland BC V0H 1Z0
Tel: 250-494-6451 Fax: 250-494-1415
tmayea@summerland.ca

| | |
|---|--------|
| APPLICANT INFORMATION | |
| NAME: | DATE: |
| ADDRESS: | |
| PHONE: | EMAIL: |
| I AM VOLUNTEERING TO BE ON THE FOLLOWING COMMITTEE OR COMMISSION: | |
| NAME: | |
| AS A SECOND CHOICE, I WOULD BE INTERESTED IN VOLUNTEERING ON: | |
| NAME OF 2 ND CHOICE: | |
| TELL US ABOUT YOURSELF (YOU MAY ALSO ATTACH A BRIEF RESUME IF YOU LIKE). WHY ARE YOU INTERESTED IN SERVING ON THIS COMMITTEE/COMMISSION? | |
| | |
| TELL US ABOUT YOUR ATTRIBUTES AND INCLUDE RELATIVE INFORMATION SUCH AS EXPERTISE, EDUCATION, INTERESTS, REAL-LIFE EXPERIENCES AS IT RELATES TO THE COMMITTEE/COMMISSION: | |
| | |
| PLEASE LIST ANY OTHER VOLUNTEER WORK YOU HAVE DONE INCLUDING SITTING ON ANY BOARDS OR COMMITTEES: | |
| | |
| THANK YOU FOR APPLYING TO BE A VOLUNTEER ON A COUNCIL COMMITTEE! COUNCIL WILL REVIEW ALL APPLICATIONS IN A CLOSED MEETING AND YOU WILL BE NOTIFIED ACCORDINGLY. | |