



# APPLICATION FOR BOARD AND COMMITTEE APPOINTMENTS

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## GENERAL INFORMATION

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Please specify the Committee(s) or Board you wish to apply for. You may be appointed to one Committee or Board only, so please rank in order of interest.

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Please indicate your availability for attending Committee or Board Meetings:

Days  Evenings

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## PERSONAL DATA

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**NAME:** (please print) \_\_\_\_\_

**ADDRESS:** (Street) \_\_\_\_\_

(Town) \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**TELEPHONE:** Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

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## EMPLOYMENT HISTORY

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**EMPLOYER:** \_\_\_\_\_

**POSITION/DUTIES: :** \_\_\_\_\_

**LENGTH OF SERVICE:** From \_\_\_\_\_ To \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

POSITION/DUTIES: \_\_\_\_\_

\_\_\_\_\_

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LENGTH OF SERVICE: From \_\_\_\_\_ To \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

POSITION/DUTIES: \_\_\_\_\_

\_\_\_\_\_

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LENGTH OF SERVICE: From \_\_\_\_\_ To \_\_\_\_\_

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**EDUCATION**

ELEMENTARY/SECONDARY: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

\_\_\_\_\_

OTHER EDUCATION/TRAINING: \_\_\_\_\_

\_\_\_\_\_

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**VOLUNTEER EXPERIENCE**

ORGANIZATION/ASSOCIATION: \_\_\_\_\_

ROLE/RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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ORGANIZATION/ASSOCIATION: \_\_\_\_\_

ROLE/RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**VOLUNTEER EXPERIENCE (Continued)**

ORGANIZATION/ASSOCIATION: \_\_\_\_\_

ROLE/RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR APPLICATION**

Briefly explain why you are interested in becoming a member of a Committee or Board, for the Town of Georgina:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S AGREEMENT:**

I certify that all the information given by me is accurate and complete. I also understand that if appointed to a Committee or Board, falsified information on this application shall be considered sufficient cause for immediate dismissal from the Committee or Board.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information on this form is collected under the authority of The Municipal Act and will be used to determine eligibility for appointment to a Committee or Board. Further information concerning the collection of personal information should be directed to the Town Clerk, Town of Georgina, 26557 Civic Centre Road, Keswick, ON. L4P 3G1

**FOR OFFICIAL USE ONLY  
PLEASE DO NOT WRITE BELOW THIS LINE**

APPOINTED TO COMMITTEE/BOARD: YES  NO

COMMITTEE/BOARD APPOINTED TO: \_\_\_\_\_

SOCIAL INSURANCE NUMBER: **999-999-999**

The Corporation of the Town of Georgina, 26557 Civic Centre Road, Keswick, ON. L4P 3G1  
(905) 476-4301 (905) 722-6516 (705) 437-2210 FAX (905) 476-8100