

COUNCIL COMMITTEE APPLICATION FORM PLEASE RETURN COMPLETED FORM AND ATTACHMENTS TO: 5004 52 AVENUE, WHITECOURT, AB T7S 1N6 OR ADMINISTRATION@WHITECOURT.CA

| PERSONAL INFORMATION | | |
|---|--------------|-------|
| First Name: | Last Name: | |
| Address: | • | |
| Town/Province: | Postal Code: | |
| Home Phone: | Cell Phone: | |
| Email Address: | | |
| Length of Residence in Whitecourt: | | |
| Academic/Professional Qualifications: | | |
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| You are encouraged to enclose a copy of your resume or a synopsis outlining any additional information you deem | | |
| important. | | |
| COUNCIL COMMITTEE INFORMATION | | |
| What Council Committee are you interested in serving on? | | |
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| What skills do you feel you could contribute to this Committee? | | |
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| What goals do you hope to achieve by being a member on this Committee? | | |
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| What type of volunteer activities have you been involved with over the past 5 years? | | |
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| Are you currently serving on a Whitecourt Council Committee? | | |
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| If yes, which Committee are you serving on and when does your current term expire? | | |
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| Have you served on a Whitecourt Council Committee or other municipal board/committee in the past? | | |
| □ Yes □ No | | |
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| If yes, what Committee did you serve on and what was the last year served? Please indicate the name of the | | |
| municipality in which you served where necessary. | | |
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| | | |
| | | |
| SIGNATURE | | |
| Applicant's Signature: | | Date: |
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Personal information on this form is being collected for the purpose of determining eligibility of an applicant to serve as a member on a Town of Whitecourt Council Committee. This information is collected under the authority of Section 33 of the Freedom of Information and Protection of Privacy Act. The name of successful applicants will be provided to the public. Questions regarding the collection of this information can be directed to the Town of Whitecourt Legislative Manager at 780-778-2273, 5004 52 Avenue, Whitecourt, AB, T7S 1N6.