



Town of Collingwood
BOARDS AND COMMITTEE APPLICATION

NAME		HOME PHONE		CELL PHONE	
RESIDENCE ADDRESS (Full address including postal code)					
LENGTH OF RESIDENCE AT ABOVE ADDRESS	IN COLLINGWOOD	BUSINESS PHONE	E-MAIL ADDRESS		
EMPLOYMENT					
PRESENT EMPLOYER <i>(or last)</i>		POSITION/OCCUPATION		NO. OF YEARS	
ADDRESS			CITY		
PLEASE INDICATE THE BOARDS AND COMMITTEES TO WHICH YOU ARE INTERESTED IN APPLYING FOR BY DESIGNATING THEM IN ORDER OF PREFERENCE (1, 2, 3, ETC.)					
___ Accessibility Advisory Committee		___ Economic Development Board		___ Library Board	
___ Airport Services Board		___ Elvis Board		___ Parks, Recreation and Culture Committee	
___ Committee of Adjustment/Property Standards		___ Heritage Advisory Committee		___ Other _____	
REASON FOR APPLYING:					
WHAT IS YOUR TIME AVAILABILITY? Hours _____ per week/month					
WOULD YOU BE AVAILABLE FOR EVENING MEETINGS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ARE YOU AVAILABLE FOR MEETINGS DURING BUSINESS HOURS (MON-FRI 8:30am – 4:30pm) <input type="checkbox"/> YES <input type="checkbox"/> NO					
*Please refer to the Town of Collingwood Website for Committee Descriptions including meeting dates & times at www.collingwood.ca					
IF YOU ARE CURRENTLY SERVING ON A BOARD OR COMMISSION, OR HAVE PREVIOUSLY SERVED ON A PUBLIC BODY, INDICATE AGENCY AND EXPLAIN WHAT SIGNIFICANT CONTRIBUTIONS YOU MADE:					
CONSIDERING YOUR EXPERIENCE AND ACTIVITIES IN BUSINESS, LABOR, PROFESSIONAL, SOCIAL, OR OTHER ORGANIZATIONS, INDICATE THE EXPERIENCE, TECHNICAL TRAINING, AND/OR SKILLS WHICH QUALIFY YOU FOR AN APPOINTMENT ON EACH DESIRED BOARD OR COMMITTEE: <i>(Attach additional sheets as necessary)</i>					

EDUCATION AND TRAINING SUMMARY			
HIGH SCHOOL	CITY	PROVINCE	GRADE COMPLETED
		Do you have a High School Diploma or High School Equivalency Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE/UNIVERSITY		MAJOR	TYPE OF DEGREE
TECHNICAL/VOCATIONAL TRAINING			

INTERESTS AND REFERENCES

How did you hear about becoming a volunteer?

newspaper poster flyer a friend staff Council

Website Other _____

Languages: Please indicate the languages other than English that you speak, read and write.

Language(s)	Speak	Read	Write
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skills, training, interests:

<input type="checkbox"/> accounting / finance	<input type="checkbox"/> aquatics	<input type="checkbox"/> art	<input type="checkbox"/> board work
<input type="checkbox"/> computer data entry	<input type="checkbox"/> crafts	<input type="checkbox"/> customer service/reception	<input type="checkbox"/> driving
<input type="checkbox"/> food service	<input type="checkbox"/> fundraising	<input type="checkbox"/> grant writing	<input type="checkbox"/> graphic art
<input type="checkbox"/> marketing/promotion	<input type="checkbox"/> music	<input type="checkbox"/> newsletter development	<input type="checkbox"/> organizing events
<input type="checkbox"/> photography	<input type="checkbox"/> secretary	<input type="checkbox"/> public speaking/tours	<input type="checkbox"/> program development
<input type="checkbox"/> sports	<input type="checkbox"/> teaching	<input type="checkbox"/> writing	other _____

References (references are necessary, your application will not be considered without them)

Please list at least 2 references (no relatives) i.e. employer, doctor, last place you volunteered, teacher. References will be contacted after your interview. Some volunteer positions may require a Police Records Check. Applicant's signature on application authorizes the Town of Collingwood to contact the following persons for reference purposes.

Name	Phone Number	Relationship

I confirm that I am over the age of eighteen years, and I am a resident, tenant, owner or co-owner of lands situated within the Town of Collingwood and citizen of Canada and I herein authorize the investigation of statements herein. I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. Personal information contained on this form, collected pursuant to the Municipal Act, are **under the authority of the Municipal Freedom of Information and Protection of Privacy Act**. Questions about the collection of personal information should be directed to the Town's Freedom of Information and Privacy Coordinator.

SIGNATURE OF APPLICANT	PRINT NAME
DATE	

PLEASE MAIL TO: TOWN OF COLLINGWOOD, Clerks Office, 97 Hurontario Street, Collingwood ON, L9Y 3Z5
OR E-MAIL: ccarter@collingwood.ca Please type "Boards/Committee Application" in the subject line of the e-mail.
OR FAX: (705) 445-2448 Attn: Christa Carter, Coordinator, Clerk Services

Thank you for considering a Volunteer Opportunity with the Town of Collingwood

FOR OFFICE USE ONLY:
Date Received: _____ Interview Date/Time: _____
Criminal Reference Check attached: _____
2 Letters of Reference attached: _____