

Application for Appointment to Board or Committee

| Committee | |
|---|--|
| Required fields are marked with asterisks (*) Applicant Name * | |
| | |
| Applicant Address * | |
| | |
| City * | |
| elephone number * | |
| | |
| Cell Phone number | |
| | |
| Email address * | |
| | |

| Please list the board(s) appointed: * | and/or committee(s) for which you apply to be |
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| | |
| that the Accessibility fo | the Accessibility Advisory Committee, please note rontarians with Disabilities Act, 2005 requires that tee members be persons with disabilities. |
| | |
| Do you identify yoursel | as having a disability? * |
| ○ Yes | |
| ○ No | |
| Prefer not to identify | |
| Please indicate what in committee(s) that you | erests you have about the board(s) and/or nave listed above: * |
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| Please indicate the education and work experience that you have which would make you particularly suited for appointment to the board(s) and/or committee(s) that you have listed above: * |
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| Please identify the skills that you have which would be of benefit to the board(s) and/or committee(s) that you have listed above: * |
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| |
| |
| Please attach a cover letter and resume (optional) |
| Browse |
| Allowed extensions pdf, doc, docx, xls, xlsx, jpg, jpeg, gif, png, tif |
| References |
| Please list three career or volunteer related references below. Please exclude family members. |
| 1. Reference Name |
| |
| |
| Reference Phone Number |
| |

| Relationship to Reference |
|--|
| |
| |
| 2. Reference Name |
| |
| |
| Reference Phone Number |
| |
| |
| Relationship to Reference |
| |
| |
| 3. Reference Name |
| |
| |
| Reference Phone Number |
| |
| |
| Relationship to Reference |
| |
| |
| For reference purposes, may we approach your present employer? * |
| ○ Yes |
| ○ No |
| ○ N/A |
| For reference purposes, may we approach your previous employer(s)? * |
| ○ Yes |
| ○ No |

| Please specify which pre | vious em | nploy | ver(s) | * | | | | |
|--|--|---------------|------------------------------------|---|--|---|---------------------------------|---|
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| Personal information collect selecting an individual to se is collected and disclosed puriformation and Protection information may be directed Kingsville at 2021 Division F 2305. | rve on a cursuant to of Privacy distribution to the Tourne | comnothe Act. | nittee provis Ques Clerk, | or loca sions of tions al The Co | I board the <i>Mu</i> bout th rporati | . Persoi <i>inicipal</i> e collec on of th | nal in <i>Free</i> ction one | formation dom of of this wn of |
| | | | | | | | | Submit |
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