



## Application for Appointment

### Position(s) Applied For:

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Third Choice: \_\_\_\_\_

### Personal Information:

<b>Last Name</b>	<b>First Name:</b>	<b>Main phone</b>	<b>Alternate phone</b>
<b>Mailing Address</b>			
<b>Email Address:</b>			

### Education & Experience: (list any of the following achievements – attach additional pages if needed):

**Licenses:** \_\_\_\_\_

**Certificates:** \_\_\_\_\_

**Professional Qualifications:** \_\_\_\_\_

**Courses:** \_\_\_\_\_

**Check here if additional information or a resume is attached.**

Personal information on this form is collected pursuant to Section 11 of the Municipal Act, 2001 and will be used to determine suitability for appointment to local board or committee. Information contained on this form will be disclosed to members of Wollaston Township Council. Questions about this collection of information or for assistance completing the form should be directed to the Wollaston Township Clerk in person at 90 Wollaston Lake Road, Coe Hill or by calling 613-337-5731

**Skills:**

**Describe any of your work or volunteer related skills, activities, experience or training that relate to the appointment being applied for.**

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**List any positions to which you have previously been appointed.**

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**Outline your reason for wanting to serve on the Committee(s)**

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**Declaration (please read carefully)**

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Information provided in this application for appointment is treated confidentially. Review all the information you have provided since it will be used to determine your suitability for appointment. Sign and date the declaration below. Thank you for your interest in an appointment with Wollaston Township.

I certify that the statements made by me are true and complete to the best of my knowledge. I understand that any misrepresentation made by me in connection with this application will be sufficient cause for rejection of this application.

I understand and agree that all personal information contained within this form will be disclosed to the members of Wollaston Council, at their request, at any time during the term of any appointment made as a result of this application.

I confirm that I am at least 18 years of age; and a resident of Wollaston Township.

**I understand and agree that applications will be ranked on the following factors:**

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Ranking Factors That Will Be Considered:

- Previously a volunteer on a Wollaston Township Board / Committee
- Other Municipal Experience (as an Employee or Volunteer)
- Applicable Work or Education Experiences
- Previous Volunteer experience on a Committee or Board of Directors
- Indicates ability to meet the time commitment for meetings
- Application outlines relevant skills and abilities that would be an asset for the Committee requested
- Indicates a “passion” for wanting to be a participant on the Committee

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

Date: \_\_\_\_\_

Please submit completed application to:

Wollaston Clerk

90 Wollaston Lake Road, Coe Hill, ON, K0L 1P0

Email: Clerk@Wollaston.ca

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