

318 Canborough St. P.O. Box 400 Smithville, ON LOR 2A0

T: 905-957-3346 F: 905-957-3219 www.westlincoln.ca

## CORPORATION OF THE TOWNSHIP OF WEST LINCOLN APPLICATION FORM CITIZEN REPRESENTATION ON THE FOLLOWING COMMITTEES:

## I AM INTERESTED IN BEING A MEMBER OF: (Please indicate by checking $\sqrt{}$ the appropriate box) NOTE: \*\*APPLICATION TO BE SUBMITTED BY WEST LINCOLN RESIDENTS ONLY\*\* Public Advisory Committee – Industrial Wind Turbine Projects Mayor's Youth Advisory Committee (12 to 18 years of age) **Active Transportation Advisory Committee** NAME: ADDRESS: \_\_\_\_\_ OCCUPATION: AFFILIATED SCHOOL &/OR COMMUNITY GROUP/ASSOC.: TELEPHONE NO.: (Res.) \_\_\_\_\_\_ (Bus.) \_\_\_\_\_ (Cell) NOTE: Internet Access would be beneficial - Do you have internet/email? YES NO IF YES, PLEASE PROVIDE EMAIL ADDRESS: The Township of West Lincoln is committed to involving the people of West Lincoln in order to increase civic engagement and community involvement through enhanced partnerships, good governance and leadership. We invite all interested West Lincoln residents to submit an application to be a prospective member of the Committee. Explain your interest in applying to become a member: (If more space is required to answer the following questions, please use back of page or a separate sheet of paper)

Why do you wish to be involved in the Committee and what strengths would you bring the Committee?		
ist your qualifinember of the (	cations and/or relevant skills you consider to be an asset to being a committee:	
ist your curren	t and past involvement with other community groups:	

YOU MAY ATTACH ADDITIONAL INFORMATION TO THIS APPLICATION AS YOU FEEL IS RELEVANT.

Please return this application form to the attention of:
Ms. Joanne Scime, Deputy Clerk
Township of West Lincoln
318 Canborough St., Box 400
Smithville, ON LOR 2A0

OR EMAIL TO: jscime@westlincoln.ca

Phone: 905-957-3346, Ext. 5136 Fax: 905-957-3219

Personal information on this form is collected under the authority of the Municipal Act and will be used to evaluate the qualifications of citizen appointees to Township of West Lincoln Boards and Committees.

In accordance with the Accessibility for Ontarians with Disabilities Act, if you require this document or any additional documents in an alternative format, please contact our office at 905-957-3346. Please know that should you require any special accommodations in order to submit an application for a position on a Board or Committee with the Township of West Lincoln, we will endeavor to make such accommodations.

We thank all those applicants who apply and advise that acknowledgement will only be forwarded to successful applicants.

## **DEADLINE FOR SUBMISSIONS – TUESDAY, MAY 10<sup>TH</sup>, 2016 AT 4:30 PM**

Individuals who submit this application and any additional information should be aware that their submitted application, additional information and personal information will become part of the public record and made available to Township Committee, Council and posted on the Township website as part of our agenda.

By signing this application, I confirm that I am a resident of the Township of West Lincoln and that I have read, understood and agree with all the foregoing and agree to abide by all of the terms and conditions as noted above including but not limited to that applications/submissions will be dealt with in an Open Session Meeting and all information submitted will be considered and distributed as public documentation as part of our public agenda process and that if I am a successful applicant I will be subject to the Township's Purchasing Policy as it relates to Conflict of Interest and the Township's Code of Conduct for Members of Council, Local Boards and Advisory Committees.

DATE	SIGNATURE