TOWN OF DRAYTON VALLEY

Application for Board/Committee Membership

NAME: _____ **PHONE:** _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

SOME BOARDS/COMMITTEES HAVE SPECIFIC POSITIONS FOR CERTAIN DEMOGRAPHICS, PLEASE ANSWER THE FOLLOWING:

AGE:

◉ **Under 21** ○ **21-35** ○ **35-55** ○ **Over 55**

MUNICIPALITY OF RESIDENCE:

☐ **Town of Drayton Valley** ☐ **Brazeau County** ☐ **Other(Please State):** _____

BOARD/COMMITTEE MEMBERSHIP APPLIED FOR: (Please Choose)

Please select from the following:

☐ *I hereby give permission to have my name stand for other vacant positions on Town of Drayton Valley Boards or Committees, should I not be selected to serve on this Board or Committee.*

RELATED EXPERIENCE AND QUALIFICATIONS:

The personal information requested on this form is being collected for the purpose of assessing suitability for appointment to a Board or Committee constituted or formed by the Town of Drayton Valley. It is collected under the authority of Section 33 of the *Freedom of Information and Protection of Privacy Act*, RSA 2000, Chapter F-25, and is used exclusively and expressly for the purpose mentioned above. If you have any questions on disclosure or the use of information, please contact the FOIPP Coordinator at (780) 514-2200.

BRIEFLY STATE YOUR REASONS FOR APPLYING FOR MEMBERSHIP:

OTHER PERTINENT INFORMATION:

Will you be able to attend all regular meetings and attend to matters which may require allocation of personal time?

○ YES ◉ NO

PLEASE PROVIDE A LETTER OF REFERENCE OR THE NAMES AND CONTACT INFORMATION OF TWO (2) REFERENCES.

SIGNATURE: _____ **DATE:** _____

Please return the completed form marked

ATTENTION: Administration Department

In Person	5120-52 Street, Drayton Valley
Mail	Box 6837, Drayton Valley, AB, T7A 1A1
E-mail	admin-support@draytonvalley.ca

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