



TOWN OF DRAYTON VALLEY

Application for Board/Committee Membership

NAME: _____ PHONE: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____

I AM INTERESTED IN (SELECT ONE):

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 1 Year Term | <input type="checkbox"/> 2 Year Term |
| <input type="checkbox"/> 3 Year Term | <input type="checkbox"/> No Preference |

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)

- | | |
|--|---|
| <input type="checkbox"/> Aquatic Fund Development Strategy Committee | <input type="checkbox"/> Brazeau Seniors Foundation |
| <input type="checkbox"/> Childcare Operational Board | <input type="checkbox"/> Drayton Valley Municipal Library Board |
| <input type="checkbox"/> Family and Community Support Services (FCSS) Advisory Board | <input type="checkbox"/> Mayor's Advisory Committee |
| <input type="checkbox"/> Subdivision and Development Appeal Board | <input type="checkbox"/> Traffic Advisory Committee |
| <input type="checkbox"/> Other: (Please state) | |

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.

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.

RELATED EXPERIENCE AND QUALIFICATIONS:

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 TWO (2) LETTERS OF REFERENCE.

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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