



VOLUNTEER PROFILE APPLICATION FORM FOR COMMITTEE or BOARD

CONTACT INFORMATION: (PLEASE PRINT)			
Name:	<i>(Last Name)</i>	<i>(First Name)</i>	
Address:	<i>(Street Address)</i>		
	<i>(Apartment/Unit #)</i>	<i>(P.O. Box)</i>	<i>(Rural Route)</i>
	<i>(City/Town)</i>		<i>(Postal Code)</i>
Telephone:	<i>(Home)</i>	<i>(Work)</i>	<i>(Cell)</i>
E-mail address:			
Occupation:			
Employer:			

ELIGIBILITY and REQUIREMENTS:
<p><u>Application Criteria:</u></p> <ul style="list-style-type: none"> Applicants must not be employees of the Municipality of West Nipissing Applicants must live in the Municipality of West Nipissing Applicants should be able to serve for the full term of the appointment <p><u>Time Commitment:</u></p> <p>Time requirements vary among the Committees and Boards. Some Committees meet once a month in the day or evening for two to three hours while other Committees/Boards may meet less frequently.</p> <p><u>Remuneration:</u></p> <p>As these are volunteer positions, successful candidates serve without remuneration.</p>

SELECT COMMITTEE(S) / BOARD(S) OF INTEREST:	
<input type="checkbox"/> Accessibility Advisory Committee <input type="checkbox"/> Agricultural Advisory Committee <input type="checkbox"/> Cemetery Board <input type="checkbox"/> Court of Revision (Municipal Drains) <input type="checkbox"/> Economic Development Committee <input type="checkbox"/> Sturgeon River House Museum Advisory Committee	<input type="checkbox"/> Property Standards Committee <input type="checkbox"/> Police Services Board <input type="checkbox"/> Public Library Board <input type="checkbox"/> Planning Advisory Committee <input type="checkbox"/> Committee of Adjustment <input type="checkbox"/> Economic Development Committee

PLEASE IDENTIFY YOUR AREA OF EXPERTISE/EXPERIENCE:	
<input type="checkbox"/> Volunteer Management <input type="checkbox"/> Arts Education <input type="checkbox"/> Fundraising Experience	<input type="checkbox"/> Program Development <input type="checkbox"/> Marketing and Promotion <input type="checkbox"/> Business
<input type="checkbox"/> Other <i>(please describe)</i> :	

PLEASE DESCRIBE YOUR SKILLS/QUALIFICATIONS/KNOWLEDGE THAT YOU WILL BRING TO THE COMMITTEE / BOARD:

PLEASE PROVIDE A BRIEF SUMMARY OF YOUR BUSINESS AND EDUCATIONAL BACKGROUND:

PLEASE INDICATE YOUR COMMUNITY AND VOLUNTEER ACTIVITIES (PAST & PRESENT):

ADDITIONAL INFORMATION:

Please provide any additional information that will assist in the selection process:

Please indicate any accessibility requirements, limitations, etc.

Availability and willingness to attend meetings? Yes No

By signing this application, I consent to the release of the information on my application and understand that it will be made available, on an as needed basis, to the Municipality of West Nipissing Council and staff, for the purpose of making appointments to Committees and Boards. If selected to be a member of a Committee/Board, I agree to abide by the rules of the Committee/Board and I agree to attend meeting to the best of my ability.

Date completed:

Signature:

Please return your completed application to the attention of:

**Municipal Clerk
Municipality of West Nipissing
101 – 225 Holditch Street
Sturgeon Falls, ON P2B 1T1**

**OR
OR**

**Fax to: 705-753-3950
E-mail to: mducharme@westnipissing.ca**

Applicant information is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act and will be used strictly for the purpose of committee appointments.

We thank all applicants in advance; however only those applicants selected for an interview will be contacted.
