

## **APPLICATION TO TOWN COUNCIL**

## FOR APPOINTMENT TO ADVISORY COMMITTEES & BOARDS

Please complete this application form fully and limit your responses to the space available. Refer to the Town's website, www.townofkearney.ca or obtain a hard copy from the Municipal office.

Name		
Postal Code:	tal Code:Occupation:	
Telephone Number: (res.)	(bus.)	
Email:		
Committee or Board to which you are seeking appointment (if more than one, please list in order of preference)		
1		
2		
3		
COMMITTEE AND COMMUNITY EXPERIENC	CE	
List any past or current involvement beginning v	with the most recent first	

## COMMITTEE FROM TO

## REASONS FOR SEEKING APPOINTMENT & OTHER PERTINENT INFORMATION

Please indicated work-related skills or other experience that may be helpful. Also, please provide us with your reasons for seeking this appointment along with any other information you may deem helpful for Council in considering your application.

Your response should be limited to the space provided on page 2

Signature	Date:	
Please return your completed application to: admin@townofkearney.ca or to the Municipal Office:		

Town of Kearney 8 Main Street, Box 38 Kearney, ON P0A 1M0 Tel: 705-636-7752

Committee membership may be limited and selection is at the sole discretion of the Council. Only the selected committee members will be contacted but we thank all who have volunteered their services.