



**Town of Shelburne**  
**2018 – 2022**  
**BOARD AND COMMITTEE APPLICATION**

**APPLICANT INFORMATION**

Name:	Home Phone:	Cell Phone:
Qualifying Address (Full address including postal code):		
Length of residence at above address:		E-mail:

**COMMITTEE / BOARD OF INTEREST**

Please indicate the boards and committees you are interested in applying for by designating them in order of preference (1, 2, 3, etc.)

<input type="checkbox"/> Accessibility Advisory Committee	<input type="checkbox"/> Fiddle Park Advisory Committee	<input type="checkbox"/> Shelburne Public Library Board
<input type="checkbox"/> Heritage Committee	<input type="checkbox"/> Town Hall Gallery Committee	<input type="checkbox"/> CDRC Board of Management
<input type="checkbox"/> Economic Development Committee	<input type="checkbox"/> Canada Day Committee	<input type="checkbox"/> Street Festival Committee
<input type="checkbox"/> Parks and Recreation Committee	<input type="checkbox"/> Performing and Visual Arts Board of Management	<input type="checkbox"/> Shelburne Police Services Board

Please describe your reasons for wishing to serve on an advisory committee or local board:

Indicate the experience, technical training, and/or skills which qualify you for an appointment on each desired board or committee and explain what significant contributions you have made to any committees, boards or organizations you have been a participant of: *(you may attach additional sheets and/or resume)*

What is your time availability? Hours \_\_\_\_\_ per week/month

Would you be available for evening meetings?  YES  NO

Are you available for meetings during business hours (MON-FRI 8:30am – 4:30pm)?  YES  NO

***\*Please note meeting dates and times are subject to change, advance notice will be provided***

I confirm that I am over the age of eighteen years, and I am a resident, tenant, owner or co-owner of land situated within the Town of Shelburne and citizen of Canada and I herein authorize the investigation of statements herein. I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. Personal information contained on this form, collected pursuant to the Municipal Act, are **under the authority of the Municipal Freedom of Information and Protection of Privacy Act**. Questions about the collection of personal information should be directed to the Town's Freedom of Information and Privacy Coordinator.

The Town of Shelburne reserves the right to request references and satisfactory criminal reference checks as part your application

SIGNATURE OF APPLICANT

PRINT NAME

DATE

**Please return your completed application to:**

Town of Shelburne, Clerks Office, 203 Main Street East, Shelburne ON, L9V 2Y5

**OR** [assistant@shelburne.ca](mailto:assistant@shelburne.ca) (please type "Boards/Committee Application" in the subject line of the e-mail)

**OR** Fax to the attention of: Melissa Kenney, Administrative Assistant at (519) 925-6134

*Thank you for considering a volunteer opportunity with the Town of Shelburne.*

*Please note successful applicants will be notified prior to their appointment by-law being considered by Council. Applicants who are not selected will be notified following the passing of the respective appointment by-law.*

The Town of Shelburne is committed to supporting a culture of diversity and inclusiveness across the organization. We believe in equal opportunity and it is our priority to ensure a barrier-free recruitment and selection process. Should you require accommodation in relation to any of the materials or processes used during the recruitment and selection process, please contact the Town Hall at 519-925-2600. The Town will make every effort to accommodate persons with disabilities in a timely, effective and suitable manner.

