

TOWN OF WOLFVILLE

COMMITTEE APPLICATION FORM



Applicant Name

Street Number & Name

Postal Code

Home Telephone

Work/Cell Telephone

E-mail Address

Occupation

Are you currently serving on a Committee and re-offering? **Yes** **No**

If yes, please identify the Committee: _____

Application for appointment to (Committee Name): _____

Organization/Sector you are representing (if applicable):

Describe your work experience and, if applicable, your educational background:

Why are you interested in serving the Town of Wolfville on this committee?

What contribution do you believe you can make to this committee?

What past contributions have you made on a similar committee or organization?

What experience do you have in exchanging your views with others and in appreciating and respecting the skills, abilities and knowledge of others?

For applications to the Planning Advisory Committee: PAC is seeking people who are interested/knowledgeable in one or more of the four pillars of sustainability: Economic, social, cultural and environmental. Please describe your experience related to one of these four pillars.

BACKGROUND INFORMATION At the discretion of the Committee, and dependent also on each applicant's expression of interest, all or some of the applicants may be invited to attend a short interview with Council. The purpose of such interviews is to allow applicants an opportunity to elaborate on their application.

Are you interested in such an interview? **Yes** **No**

The final approval of appointments is given by the Council. If you require any additional information about the Committee appointment process or if you have any questions about any of the bodies to which appointments are to be made, please contact the Town Clerk's Office at 902-542-5767. The personal information on this form will be used to assist the Town Council in selecting appointees for various Town of Wolfville Committees. Questions about this collection may be referred to the Town Clerk, 359 Main St., Wolfville NS B4P 1A1; Tel: 902-542-5767

NOTE: BY SIGNING THIS APPLICATION FORM, I HEREBY CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF MY PERSONAL INFORMATION PROVIDED ON THIS FORM. I UNDERSTAND AND AGREE THAT THIS PERSONAL INFORMATION MAY BE DISCLOSED TO THE PUBLIC AND TO THE MEDIA BY THE TOWN OF WOLFVILLE, UPON REQUEST, AND MAY BE INCLUDED IN PUBLICLY DISCLOSED COMMITTEE AND COUNCIL REPORTS, AGENDAS AND ON THE TOWN OF WOLFVILLE'S INTERNET WEB SITE.

Applicant Signature

Date