

## **COMMITTEE APPOINTMENT APPLICATION FORM**

 (Name of Select Committee)	

[Note: A separate application form must be submitted for each committee. In accordance with the Committee Operating Guidelines, members may sit on one committee at a time and need to be City of Nanaimo residents, unless specified otherwise in the Terms of Reference.]

CANDIDATE'S INFORMATION						
NAME OF	APPLICANT:					
		PLEASE PRINT				
ADDRESS:	Street Address	City	Province	Postal Code		
PHONE: _		Oity	1 TOVINCE	1 Ostal Oode		
PHONE	Home	Business				
F-MAII AD	DRESS:					
DESCRI	PTION OF KNOWLEDGE, SM	(ILLS AND ABILITIES	RELATED TO THIS	COMMITTEE		
		MENT ON PREVIOUS				
	DETAILS OF INVOLVE	VIENT ON PREVIOUS	CITY COMMITTEES			

Phone: (250) 755-4405 Fax: (250) 755-4435

legislativeservices.office@nanaimo.ca

REASON FOR SEEKING APPOINTMENT				
[Also please describe what qualit	ties you would bring to this committee.]			
*PLEASE NOTE: A MAXIMUM OF ONE DOUBLE-SIDED PA	IFFICIENT, ATTACH ADDITIONAL SHEET ~ AGE CAN BE PROVIDED IN ADDITION TO THIS APPLICATION FORM.			
OTHER RELEVANT INFORMATION				
THIS SECTION MUST BE SIGNED BY THE CANDIDATE				
I,, am willing to accept an appointment by Council to the City of Nanaimo Select Committee specified in this application. I have reviewed the information about the Committee and I am able to regularly attend meetings.				
Signature of Applicant	Date			
	st Council in their selection of committee members. The form must City of Nanaimo employees cannot be appointed as committee			

PERSONAL INFORMATION CONTAINED ON THIS APPLICATION IS COLLECTED PURSUANT TO SECTION 26 OF THE "FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT", AND WILL BE USED ONLY FOR THE PURPOSE OF PROCESSING YOUR APPLICATION AND SERVING ON A COMMITTEE. PERSONAL INFORMATION MAY ONLY BE USED AND DISCLOSED AS PROVIDED IN THE "FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT".

Legislative Services Department 455 Wallace Street, Nanaimo BC V9R 5J6 Phone: (250) 755-4405 Fax: (250) 755-4435

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members.