## **CORPORATION OF THE TOWNSHIP OF ESQUIMALT**



## Application for consideration by Council for appointment to a Council appointed Board, Commission, Committee or Task Force

# PLEASE TYPE OR USE BLACK PEN

Name:	Address:		
Postal Code:	Telephone # Home:	Business:	
Occupation:	Employer:		
History of Community Involvement:			
List other Council Committees	, Boards, Commissions, etc.,	served on in the past, including dates:	
Other Relevant Personal Histo	pry:		
Reason for Seeking Appointm	ent (Individual submission or	ly – omit if submitted by organization):	

#### FILL IN SECTION 2 ONLY IF APPLICATION IS BEING RECOMMENDED BY AN ORGANIZATION

2.	Name of Organization submitting Candidate's Name: Organization Represented by: Representative's Address:			
	Representative's Phone Number: Home: Work:			
	Reason why your Organization is recommending candidate for appointment:			
	REPRESENTATIVE'S SIGNATURE			
3.	I,, hereby signify that I am willing to accept an appointment to the Board, Commission, Committee or Task Force named herein, should I be appointed to such by the Council of the Municipality of Esquimalt.			
	Date:CANDIDATE'S SIGNATURE			
ma	CANDIDATE'S SIGNATURE e purpose of this form is to provide information which will assist Council in knowing each candidate better. The form y be completed by an individual who is seeking an appointment, or by an organization which wishes to submit an ividual's name for consideration.			
	*** IF SPACE PROVIDED IS INSUFFICIENT, ATTACH ADDITIONAL PAPER TO FORM***			

### FOR OFFICE USE ONLY

The information collected for administration and/or operational functions of the Township of Esquimalt in accordance with the *Local Government Act* and *Community Charter*. This information has been collected and will be used and maintained in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions, please contact the Information and Privacy Officer at 414-7135.