



**City of Campbell River**

LEGISLATIVE SERVICES DEPARTMENT  
301 St. Ann's Road, Campbell River, BC V9W 4C7  
Phone: 286-5700 Fax: 286-5760

**APPLICATION FOR APPOINTMENT TO COUNCIL ADVISORY COMMISSIONS**

*The purpose of this form is to provide information, which will assist the Council in knowing each applicant better.*

*The form may be completed by the applicant seeking appointment, or by an individual or organization that wishes to nominate an individual. In all cases, however, the person whose name is being put forward as an applicant MUST sign the form in order to signify that he/she is willing to accept the appointment should it be made.*

**If applying for multiple Commissions please specify order of preference (e.g. 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>), below:**

<b>Development Advisory Commission</b>	<b>Environmental Advisory Commission</b>	<b>Community Partnership Commission</b>	<b>Community Advisory Commission</b>	<b>Seniors' Advisory Commission</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**APPLICANT INFORMATION**

*All applications will be considered in confidence*

**NAME OF APPLICANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ (home) \_\_\_\_\_ (business)

**FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**EMPLOYMENT HISTORY:** \_\_\_\_\_

(Attach separately if necessary)

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

**RELEVANT VOLUNTEER WORK EXPERIENCE:**

---

**LIST OF SKILLS, ATTRIBUTES & OR QUALIFICATIONS YOU FEEL WOULD BENEFIT THE ADVISORY COMMISSION:**

---

**LIST OF RELEVANT PROFESSIONAL/PERSONAL ASSOCIATION MEMBERSHIPS:**

---

**HISTORY OF COMMUNITY INVOLVEMENT:**



**REFERENCES:**

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ (home) \_\_\_\_\_ (business)

**FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ (home) \_\_\_\_\_ (business)

**FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ (home) \_\_\_\_\_ (business)

**FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**This section MUST be signed by the applicant**

I, \_\_\_\_\_ hereby signify that I am willing to accept an appointment to the Commission named herein, should I be appointed to such by the Council of the City of Campbell River.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

***Please submit completed applications to:***

*City of Campbell River*  
Legislative Services Department  
Attention: Peter F. Wipper, Deputy City Clerk  
301 St. Ann's Road  
Campbell River, BC V9W 4C7

Phone: 286-5707 Fax: 286-5760  
Email: peter.wipper@campbellriver.ca