

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'S ADVISORY COMMISSION

The purpose of this form is to provide information, which will assist Council in selecting individuals to serve on the:

Airport Commission

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.

APPLICANT INFORMATION

All applications will be considered in confidence

NAME OF APPLICANT:		
REPRESENTING ORGANIZATION: _ (if applicable)		
ADDRESS:		
PHONE:	(homo)	(business)
-	(home)	(business)
FAX:		
E-MAIL:		
EMPLOYMENT HISTORY:		
	(Attach separately if necessary)	
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RELEVANT VOLUNTEER W	ORK EXPERIENCE:
LIST OF SKILLS, ATTRIBUT	TES & OR QUALIFICATIONS YOU FEEL WOULD BENEFIT THE ADVISORY
COMMITTEE:	
LIST OF RELEVANT PROFE	SSIONAL/PERSONAL ASSOCIATION MEMBERSHIPS:
HISTORY OF COMMUNITY	INVOLVEMENT:

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REFERENC	CES:				
NAME:					
PHONE:	(home)	(business)			
E-MAIL:					
NAME:					
PHONE:	(home)	(business)			
E-MAIL:					
NAME:					
PHONE:	(home)	(business)			
E-MAIL:					
This section MUST be signed by the applicant					
I, to the Comr	hereby signify that I am willing to accemission named herein, should I be appointed to such by the Council of the City of	pt an appointment f Campbell River.			

Date

Please submit completed applications to:

Applicant's Signature

City of Campbell River
Legislative Services Department
Attention: Tracy L. Bate, Deputy City Clerk
301 St. Ann's Road
Campbell River, BC V9W 4C7

Phone: 286-5705 Fax: 286-5760 Email: tracy.bate@campbellriver.ca