THE CORPORATION OF
THE TOWNSHIP OF EAR FALLS

APPLICATION FOR APPOINTMENT TO A MUNICIPAL BOARD OR COMMITTEE

First Name: _____ Last Name: _____
Mailing Address: _____
Telephone No.: _____ Email Address: _____

To: Council of the Township of Ear Falls

I am a qualified Elector of the Township of Ear Falls and eligible to be appointed to a Board or Committee of the Township. I have reviewed the posting for the Board / Committee that I'm applying for and understand that I will have to comply with the relevant requirements for it (i.e. Code of Conduct, Meeting Attendance requirements, Criminal Reference Check if applicable).

I am interested in serving on the following Board(s) / Committee(s):

- ☐ Ear Falls Public Library Board
- ☐ OPP Detachment Board – Ear Falls Community Representative
- ☐ Local Citizen Advisory Committee (Red Lake District Management Advisory Committee)

Details of my interest and experience that would make me a good Member include:

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_____ _____
Date Signature

Personal information gathered on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25, as amended, and in accordance with the Municipal Freedom of Information Act and will be used by Council of the Township of Ear Falls to determine eligibility for Appointments to the Board or Committee for which Application is made.