



# APPLICATION FOR APPOINTMENT TO COUNCIL'S ADVISORY COMMITTEE

LEGISLATIVE SERVICES DEPARTMENT  
301 St. Ann's Road, Campbell River, BC V9W 4C7  
Phone: 250-286-5700  
[campbellriver.ca/advisory-committees](http://campbellriver.ca/advisory-committees)

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

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:** (HOME) (BUSINESS)

**FAX:**

**E-MAIL:**

**EMPLOYMENT HISTORY:**

(Attach separately if necessary)

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## **APPLICATION FOR APPOINTMENT TO COUNCIL'S ADVISORY COMMITTEE**

**RELEVANT VOLUNTEER WORK EXPERIENCE:**

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

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

**HISTORY OF COMMUNITY INVOLVEMENT:**



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### REFERENCES

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, \_\_\_\_\_ hereby signify that I am willing to accept an appointment to the Committee 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**  
301 St. Ann's Road, Campbell River, BC V9W 4C7  
250-286-5700 | [front.reception@campbellriver.ca](mailto:front.reception@campbellriver.ca)