



**Township of Sioux Narrows—Nestor Falls
APPLICATION FORM**

For Appointment to Municipal Boards and Committees

Please complete this application form in its entirety. Should it not be fully completed, the Township reserves the right to reject the application. In addition, the provision of any false or misleading information on this application will be sufficient reason for the Township to reject the application or to terminate an appointment.

PLEASE PRINT OR TYPE

Full Name of Applicant: _____ Date: _____

Mr. _____ Street & Mailing Address: _____
 Mrs. _____ Postal Code _____
 Ms _____ Telephone Number: _____ (w)
_____ (h)

E-mail Address: _____

Occupation: _____, if applicable.

Eligibility:

Please ✓

| Requirements | Yes | No |
|---|--------------------------|--------------------------|
| Canadian Citizen | <input type="checkbox"/> | <input type="checkbox"/> |
| Minimum 18 Years of Age | <input type="checkbox"/> | <input type="checkbox"/> |
| Eligible Sioux Narrows—Nestor Falls Elector | <input type="checkbox"/> | <input type="checkbox"/> |
| Not an employee of the Township | <input type="checkbox"/> | <input type="checkbox"/> |

NAME OF COMMITTEE OR BOARD which you are seeking appointment to (if more than one, please list in order of preference) Most appointments are for 4 years in accordance with the term of Council:

1. _____
2. _____
3. _____

Please provide a brief summary of those elements of your education, employment history, experiences and interests you believe should be considered in support of your application:

SIGNATURE _____

By signing this form you consent to having your appointment publicly released, if selected. Personal Information collected on this form is pursuant to the Municipal Act, 2001 as amended and will be used for the administration of the municipality. Questions about this collection should be directed to the FOI Coordinator, Township of Sioux Narrows—Nestor Falls, Sioux Narrows, Ontario, P0X 1N0.