

## **COMMITTEE APPLICATION FORM**

| APPLICANT NAME:                 |                   |  |
|---------------------------------|-------------------|--|
| RESIDENTIAL ADDRESS:            |                   |  |
| MAILING ADDRESS (if different): |                   |  |
| EMAIL ADDRESS:                  | TELEPHONE NUMBER: |  |

If you wish to apply for multiple Committees, please complete a separate application form for each Committee.

| Please check off which Committee you are applying to below:   |                                  |   |  |
|---|----------------------------------|---|--|
| <ul> <li>Accessibility Committee</li> <li>Please note that this committee has specific requirements as per the Accessible BC Act.</li> <li>Please identify whether you belong to one of the target group(s) below:</li> </ul> |                                  |   |  |
|   |                                  | A person with a disability<br>A parent or caregiver supporting someone with a disability<br>A member of a disability serving organization and name of organization: |  |
|   |                                  | An Indigenous person  |  |
|   | Age-Friendly Committee           |   |  |
|   | Communities in Bloom Committee   |   |  |
|   | Environmental Advisory Committee |   |  |
| Why do you v  | vant to _                        | join this committee?  |  |
|   |                                  |   |  |

What related skills / experience do you have that may benefit this committee?

Have you previously participated on a Village committee? If yes, please outline which committee, when you served on it and your involvement:

Other relevant information, if any:

I understand that membership of a Village Committee is on a volunteer basis and should I be appointed to a Committee, I agree to act in the best interests of the Village and within the procedures, policies and guidelines established by the Village.

Your application will be made available to the Village of Harrison Hot Springs Council, municipal staff, and the applicable Committee for the sole purpose of making appointments. Your information is collected under section 26 of the *Freedom of Information and Protection of Privacy Act (FIPPA)*. The information will be used and maintained for the purpose it was collected an in accordance with FIPPA.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Completed application forms can be dropped off or mailed to the Village Office, PO Box 160, 495 Hot Springs Road, Harrison Hot Springs BC, VOM 1K0 addressed to Christy Ovens, Community Services Coordinator, or emailed to community@harrisonhotsprings.ca