



# CORPORATION OF THE TOWNSHIP OF ESQUIMALT

## Application for consideration by Council for appointment to a Council appointed Board, Commission, Committee or Task Force

Application for consideration for appointment to: \_\_\_\_\_  
[If you have an interest in more than one Committee, please indicate below in order of preference.]

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**PLEASE TYPE OR USE BLACK PEN**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*\*\* **Telephone:** Home: \_\_\_\_\_ Business: \_\_\_\_\_ **Daytime:** \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

History of Community Involvement: \_\_\_\_\_

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List other Council Committees, Boards, Commissions, etc., served on in the past, including dates:

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Other Relevant Personal History: \_\_\_\_\_

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Reason for Seeking Appointment (Individual submission only – omit if submitted by organization):

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**FILL IN SECTION 2 ONLY IF APPLICATION IS BEING RECOMMENDED BY AN ORGANIZATION**

2. Name of Organization submitting Candidate's Name: \_\_\_\_\_

Organization Represented by: \_\_\_\_\_

Representative's Address: \_\_\_\_\_

Representative's Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Reason why your Organization is recommending candidate for appointment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
REPRESENTATIVE'S SIGNATURE

3. I, \_\_\_\_\_, hereby signify that I am willing to accept an appointment to the Board, Commission, Committee or Task Force named herein, should I be appointed to such by the Council of the Municipality of Esquimalt.

Date: \_\_\_\_\_

\_\_\_\_\_  
CANDIDATE'S SIGNATURE

**\*\*\* A daytime phone number and email address must be provided in order to contact the applicant to schedule an interview date and time.**

The purpose of this form is to provide information which will assist Council in knowing each candidate better. The form may be completed by an individual who is seeking an appointment, or by an organization which wishes to submit an individual's name for consideration.

**\*\*\* IF SPACE PROVIDED IS INSUFFICIENT, ATTACH ADDITIONAL PAPER TO FORM\*\*\***

In order to be considered, this application must be returned to the office of the Manager of Corporate Services by 4:00 p.m., Monday, February 13, 2012. A daytime phone number and email address must be provided in order to contact the applicant to schedule an interview date and time.

The information collected for administration and/or operational functions of the Township of Esquimalt in accordance with the *Local Government Act* and *Community Charter*. This information has been collected and will be used and maintained in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions, please contact the Information and Privacy Officer at 414-7135.