



CITY OF BROOKS

COMMISSIONS AND BOARDS APPLICATION FORM

APPLICATION FOR: _____

(Name of Board, Committee or Commission)

NAME: _____ DATE: _____

ADDRESS: _____

_____ POSTAL CODE _____

PHONE NO:

RES: _____ BUS: _____

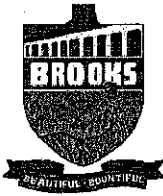
FAX: _____ E-mail: _____

HOW LONG HAVE YOU LIVED IN BROOKS? _____

OCCUPATION OR BACKGROUND INFORMATION (If you wish a detailed resume may be attached)

WHAT SKILLS AND STRENGTHS WILL YOU BRING TO THIS POSITION?

LIST ALL PREVIOUS EXPERIENCE ON BOARDS, COMMISSIONS OR VOLUNTEER POSITIONS:



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ARE YOU CURRENTLY SERVING ON A BOARD OR COMMISSION? YES NO
IF YES, PLEASE STATE WHICH BOARD OR COMMISSION.

OTHER COMMENTS AND INFORMATION YOU WOULD LIKE TO PROVIDE:

HOW LONG HAVE YOU LIVED IN BROOKS? _____

IF YOU ARE CURRENTLY SERVING ON TWO BOARDS OR COMMISSIONS, YOU ARE NOT
ELIGIBLE TO APPLY FOR A THIRD APPOINTMENT.

REFERENCES:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Applicant's Signature

"This personal information is being collected under the authority of Section 32 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used solely for the purpose of carrying out the volunteer program within the City of Brooks. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection contact FOIP Director at the City of Brooks, 201 First Avenue West, Brooks, Alberta, T1R 0Z6 at (403) 362-3333.