



MD OF GREENVIEW

# APPLICATION

Appointment to a Municipal  
Board/Committee

**Please Print**

What Municipal Board or Committee are you interested in serving on? **Please complete a separate form for each board you are applying for.**

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**Are you a resident of Greenview?**

☐ Yes

☐ No

**Are you currently serving on a Municipal Board or Committee?**

☐ Yes

☐ No

Which Board or Committee are you serving on and when does your term expire?

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**Have you served on a Municipal Board or Committee in the past?**

☐ Yes

☐ No

What Municipal Board or Committee have you served on and what year did you last serve?

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## **Personal Resume**

**Name:** \_\_\_\_\_

**Home/Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone (home):** \_\_\_\_\_ **Phone (work):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Qualifications:** \_\_\_\_\_

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**Experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Activities you have been involved with:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How do you feel you could contribute to your chosen Board or Committee?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of Application

Return completed form and all attachments to:

Executive Assistant to Council, MD of Greenview  
4806 – 36<sup>th</sup> Avenue  
PO Box 1079  
Valleyview, AB T0H 3N0  
Email: [Natalie.Bartlett@mdgreenview.ab.ca](mailto:Natalie.Bartlett@mdgreenview.ab.ca)

The personal information collected on this form is collected under the authority of s40(1)(d) of the Freedom of Information and Protection of Privacy (FOIP) Act. Your name and phone number may be disclosed to the public upon request and at a Public Council meeting. If you have any questions about the collection, use or disclosure of your personal information, please contact Greenview's FOIP Coordinator at 780-524-7600 or [foip@mdgreenview.ab.ca](mailto:foip@mdgreenview.ab.ca)