

APPLICATION

Appointment to a Municipal Board/Committee

What Municipal Board or Committee are you interested in serving on? Please complete a separate form for each board you are applying for. 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? 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? **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 wi	
How do you feel you could contribute to your chosen Board or Committee?	
Applicant's Signature	Date of Application
Return completed form and all attachmer	nts to:
Executive Assistant to Cou	ncil MD of Greenview

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

Email: wendy.holscher@mdgreenview.ab.ca

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