

# Board/Commission/Committee/Task Force APPLICATION



Town of Olds

4512 46 Street  
Olds AB T4H 1R5  
Main: 403.556.6981  
Fax: 403.556.6537

## READ THE FOLLOWING:

The personal information requested on this form is being collected in order to assist Council in making appointments to its committees, and is governed by the Freedom of Information and Protection of Privacy Act (FOIPP). If you are appointed to a Committee, your name will be disclosed. If you have any questions with respect to the collection or release of this information, please contact the Chief Administrative Officer at the Town Office. 403-556-6981.

To be eligible for appointment as a public-at-large member of a Town board, committee or task force, applicants must be: of the full age of 16 to 18 years of age with consent in writing from a parent or guardian; or over the age of 18 years; and a Canadian citizen or legally entitled to work in Canada as defined by Human Resources Canada or a temporary visa holder or a refugee waiting for his/her claim refugee status to be determined.

## PLEASE PRINT CLEARLY

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address, including Postal Code Email Address

\_\_\_\_\_  
Residence Phone Day Time Phone Business Phone

## SEEKING APPOINTMENT TO: (Name of Board/Commission/Committee/Task Force)

1. \_\_\_\_\_
2. \_\_\_\_\_

## BACKGROUND INFORMATION / RE-APPLICATION

Provide a brief outline of your experience/education/interest in this area of volunteerism OR explanation for reapplication.

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

## WHY DO YOU WISH TO SERVE ON THIS/THESE COMMITTEE(S)?

\_\_\_\_\_  
Last Name First Name

**LENGTH OF APPOINTMENT** – is a two year term, except as required by statute or if the appointment is to fill a vacancy.

**LENGTH OF RESIDENCE** – In the town of Olds \_\_\_\_\_ years (or) in the Olds area \_\_\_\_\_ years.

\_\_\_\_\_  
Signature Date

**Completed applications must be returned to:**  
Town Office: Attention: "Legislative Clerk", 4512 46 Street, Olds, AB T4H 1R5.

*The personal information on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used in order to process this form. Please forward questions or concerns to the FOIPP Coordinator at 4512 46 Street, Olds, AB T4H 1R5. Phone 403-556-6981, Fax 403-556-6537, or email FOIP@olds.ca*