



Volunteer – Committee Member Application Form

Personal Information

Name:	
Address (including postal code):	
Home Phone:	Alternate Phone:
Email:	

Committee Preference and Supporting Information

Please outline the Committee(s) you would like to sit on. Please note a résumé or expression of interest which outlines why you should be appointed to the committee and the skills you will bring **must** be attached to this application.

Volunteer Experience

Do you have any experience volunteering?	YES	NO
If Yes, in what capacity:		

Accommodation

We want to ensure persons with disabilities are able to participate on municipal committees. If you have a disability, what accommodations, if any, would you need to carry out this position?

Additional Information

Please provide any additional information which may be of assistance in the selection process.

Applicants Signature: _____ Date: _____

Township of Uxbridge documents are available in alternate formats upon request. Please fill out the Accessibility Request for Alternate Formats Form at www.town.uxbridge.on.ca or contact the Accessibility Coordinator at 905-852-9181 ext. 209 or at accessibility@town.uxbridge.on.ca.

NOTE: Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act c.M56 s.29(2) and will be used to appoint citizen members to town boards, or committees. Information on this form may be disclosed to the public for candidate selection purposes. Questions about this collection should be directed to the Township Clerk at the address indicated at the top of the application.