



## COMMITTEE APPLICATION FORM

Date: \_\_\_\_\_

NAME OF COMMITTEE: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

1. Volunteer experience (including community activities, work background, etc.):

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2. Please summarize the skills, abilities and/or specialized knowledge you possess that will assist this committee.

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3. Why are you interested in serving on this committee?

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4. What contribution(s) do you believe you can make?

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5. What past contribution(s) have you made to a similar group or organization?

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When a vacancy arises on the municipal committee noted above, your application will be considered.

Please contact Bowen Island Municipality at (604) 947-4255 or [bim@bimbc.ca](mailto:bim@bimbc.ca) if you require further information.

Thank you for your submission.

*Note: The personal information on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act and the Local Government Act and will only be used for the purpose of processing your application.*