

CITY OF WELLAND

**APPLICATION FOR VOLUNTEER MEMBERS OF THE
LGBTQ2+ ADVISORY COMMITTEE**



Please complete the following application by the deadline noted in the advertisement and return it along with a current résumé, if available, to:

City of Welland, Clerk's Division
60 East Main Street
Welland, ON L3B 3X4

Telephone: (905)735-1700
Facsimile: (905)735-7184
E-mail: abc@welland.ca

THE TARGET GROUP I AM APPLYING TO REPRESENT IS:		
<input type="checkbox"/> Welland resident/ratepayer		
<input type="checkbox"/> non-resident/non-ratepayer (you are active in the Welland community)		
Your application includes (please indicate):		
<input type="checkbox"/> Completed Application Form <input type="checkbox"/> 3 References <input type="checkbox"/> Resume <input type="checkbox"/> Cover letter		
Please indicate your area(s) of interest/specialization:		
<input type="checkbox"/> Culture <input type="checkbox"/> Arts <input type="checkbox"/> Other (please specify):		
Name:		
Street Address:		
City:	Province:	Postal Code:
Telephone: (Home)	(Bus.)	
E-mail Address:	Occupation:	
Please explain how the work of the LGBTQ2+ Advisory Committee will assist City Council and benefit the citizens of Welland:		

Please explain why you wish to serve on the LGBTQ2+ Advisory Committee:

PREVIOUS EXPERIENCE

Please explain how your knowledge, experience, skills and abilities will contribute to the overall success of the LGBTQ2+ Advisory Committee:

Please describe your volunteer experience:

EDUCATION (Please indicate area of study and highest academic level achieved):

REFERENCES: (References provided may be contacted by telephone)

Name	Relationship	Telephone
1.		
2.		
3.		

DECLARATION OF APPLICANT:

I declare that I am an eligible elector in the Province of Ontario and that the information on this application is true and complete (eligible elector means you are a resident in the Province of Ontario or the owner or tenant of land, or the spouse of such owner or tenant; a Canadian Citizen; and at least 18 years old).

By inserting your name in the “Applicant’s Signature” box below, you declare the “Declaration of Applicant” statement to be true and attest that you are the applicant named in this document.

Applicant's Signature:

Date:

Personal information on this form is collected under the authority of the *Municipal Freedom of Information & Protection of Privacy Act*, (and the legislation expressly associated with individual committees) and will be used only for the purposes of recruitment of individuals to Municipality Boards, Committees and Commissions. Information on this form will be disclosed to the Council for candidate selection purposes only. Questions about the collection of information or about the selection process in general, should be directed to the Municipality at the address indicated at the top of the application.