CITY OF WELLAND

APPLICATION FOR VOLUNTEER MEMBERS OF THE

TRANSIT ADVISORY COMMITTEE

Please complete the following application by the deadline noted in the advertisement, and return to:

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

Telephone: (905)735-1700
Facsimile: (905)732-1919

THE TARGET GROUP I AM APPLYING TO REPRESENT IS:

- [ ] resident with a physical disability
- [ ] person employed in the medical health field
- [ ] person from the senior sector
- [ ] Welland Transit Bus Operator
- [ ] person form the business community
- [ ] person from the educational field
- [ ] resident-at-large

Name of a contact/reference for the area you represent: _____

Daytime phone number of contact/reference: _____

PERSONAL DATA: [ ] Mr. [ ] Ms. [ ] Mrs.

Name:

Address: Postal Code:

Telephone: (Home) (Bus.)

E-mail Address:

Please explain why you would like to serve on this body:

PREVIOUS EXPERIENCE:

State, in detail, your experience: work related, community service oriented, or other volunteer activities which illustrate the interest, skills or abilities you may contribute. Please also attach a current and relevant résumé, if available:

EDUCATION: Please indicate the highest academic level you attained:

DECLARATION OF APPLICANT:

□ **I declare that the information provided is true and complete.**

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.