



**PREVIOUS EXPERIENCE**

**Please explain how your knowledge, experience, skills and abilities will contribute to the overall success of the Welland Community Wellness Complex 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 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.