

**BOARDS & COMMITTEES APPLICATION**

Name:	Phone:
Mailing Address:	
Email Address:	
How long have you lived in Peace Region?	

*Please note, some boards and committees have residency or other qualification requirements. Only those applicants that meet the requirement will be contacted.*

Please review the description of the board or committee you are interested in. The descriptions can be found on the Town’s website: [peacriver.ca/council/abc/](http://peacriver.ca/council/abc/)

Please select the board or committee that you are interested in joining. If you wish to select more than one, please select a maximum of three and rank them 1-3 (1 being the one you are most interested in joining):

- |   |               |
|---|---------------|
| <input type="checkbox"/> Assessment Review Board                                      | Ranking: ____ |
| <input type="checkbox"/> Community Services Board                                     | Ranking: ____ |
| <input type="checkbox"/> Economic Development Committee                               | Ranking: ____ |
| <input type="checkbox"/> Municipal Planning Commission                                | Ranking: ____ |
| <input type="checkbox"/> Peace Regional Healthcare Attraction and Retention Committee | Ranking: ____ |
| <input type="checkbox"/> Peace Regional Subdivision and Development Appeal Board      | Ranking: ____ |
| <input type="checkbox"/> Peace River Municipal Library Board                          | Ranking: ____ |

I have read the board or committee description and related terms of reference or bylaw for the board(s) or committee(s) I have selected. Initial: \_\_\_\_\_

Are you currently serving on a Town of Peace River board/committee?      Yes      No

If serving on **any** other board/committee, please specify: \_\_\_\_\_

How much time do you have to volunteer for this board/committee?

Please explain why you are interested in serving on this board/committee: *(attach a separate page if needed)*

Please provide an overview of your professional or occupational background: *(attach a separate page if needed)*

Please provide your previous experience on boards/committees, or volunteering: *(attach a separate page if needed)*

What skills, strengths or expertise will you bring to this board/committee? *(attach a separate page if needed)*

What goals do you hope to achieve by being a member of this board/committee?  
*(attach a separate page if needed)*

**Please Note:**

*Applicants must provide a complete application with sufficient information. Applicants who do not fulfill this requirement may not be contacted or considered for appointment.*

*The personal information contained on this form is being collected in accordance with the FOIP Act, for the purpose of selecting volunteers to serve on Boards and Committees of the Town of Peace River.*

*Applicant information is reviewed by Council in determining Board and Committee appointments. This information, excluding the applicant's home mailing address, telephone numbers, and email address, will form part of the public report to Council.*

*If there are any questions about the collection or use of this information, contact the FOIP Coordinator or Director of Corporate Services Development at (780) 624-2574.*

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

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Please return your completed form to:

**Director of Corporate Services  
P.O. Box 6600, 9911-100 Street  
Peace River, AB T8S 1S4**

Or email your completed form to: [info@peacriver.ca](mailto:info@peacriver.ca)