



**TOWN OF SIDNEY**  
**Application for Appointment**  
**Commissions/Committees/Boards**

PLEASE PRINT LEGIBLY:

**NAME:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**POSTAL CODE:** \_\_\_\_\_ **PHONE (Home):** \_\_\_\_\_

**PHONE (Business):** \_\_\_\_\_ **PHONE (Cellular):** \_\_\_\_\_

**E:MAIL:** \_\_\_\_\_

**SEEKING APPOINTMENT TO:** \_\_\_\_\_

**Reasons and interest for seeking appointment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Background/experience/expertise relevant to this appointment:**  
(If space is insufficient, please attach separate resume.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**History of community involvement:**

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**Additional information:**

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

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

**Authorization for Release of Information:**

If you have been appointed, do you agree to the following information being included in the list of committees which is provided to the public and posted on the Town's website:

	YES	NO
Address		
Phone Number		
Email address		

Name: \_\_\_\_\_

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

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

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**PLEASE SUBMIT COMPLETED APPLICATION FORM TO:**

**MAIL:**           Town of Sidney  
                  Administration Department  
                  2440 Sidney Avenue  
                  Sidney, BC V8L 1Y7

**FAX:**           250-656-7056

**EMAIL:**        [administration@sidney.ca](mailto:administration@sidney.ca)

All applications will be considered by Town Council in November and applicants will be advised accordingly of Council's decision by mail. If you have any questions or require further information, please contact the Administration Department, Tel: 250-656-1139.

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