

THE CORPORATION OF THE MUNICIPALITY OF BLUEWATER

APPLICATION FOR ADVISORY COMMITTEE

Communities in Bloom

NAME: (please print)			
ADDRESS:		POSTAL CODE:	
TELEPHONE # (day-time):		TELEPHONE # (evening):	
EMAIL ADDRESS:			
<p>Minimum Requirements: (may vary by committee) Check the following that apply to you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A Canadian Citizen <input type="checkbox"/> 18 years of age or older <input type="checkbox"/> A resident of Bluewater or eligible elector in Bluewater <input type="checkbox"/> Ability to regularly attend meetings (daytime and/or evening as scheduled) 			
<p>You are applying for the Community in Bloom Planning Committee. The mandate is as follows:</p> <ul style="list-style-type: none"> ➤ To foster civic pride, environmental protection and a beautification, through community participation; ➤ To improve the tidiness, appearance and visual appeal of neighbourhoods, parks, open spaces, and streets; ➤ To focus on environmental awareness and preservation of heritage and culture; ➤ To co-ordinate a host program <p>The Committee is referred to as the CIB Planning Committee and fits into the current committee framework as an ad hock group whose mandate is short-term in nature, established to deal with a particular matter with a predetermined lifespan and defined mandate. The Mandate is to align with Council's strategic goals and objectives.</p>			
<p>If Applicable, what business sector or community group are you representing on the CIB Planning Committee:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Business Community <input type="checkbox"/> Community groups/organizations <input type="checkbox"/> Representing citizens 			

<p>1. What is your understanding of the mandate or responsibilities of the Committee?</p>		
<p>2. What interests you most about the Committee?</p>		
<p>3. What projects or initiatives do you see the Committee having?</p>		
<p>4. What kind of volunteer or work-related experiences have you had? How would these enhance the work of the Committee?</p>		
<p>5. Describe your previous volunteer experience serving on committees or boards in the community?</p>		
<p>6. Have you previously served on Bluewater Boards or Committees? If Yes, indicate the Boards or Committees and years of service.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">NAME OR BOARD OR COMMITTEE</td> <td style="width: 50%; border: none;">YEARS OF SERVICE</td> </tr> </table>	NAME OR BOARD OR COMMITTEE	YEARS OF SERVICE
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<p>7. Why do you wish to serve on this Committee?</p>		
<p>Personal information collected on this application is gathered in accordance with the <i>Municipal Act</i>, for use when making appointments to Municipal Boards and Advisory Committees. The information on this application will be provided to Municipal Council for selection of members to serve on Municipal Boards and Committees. The information contained on this form may be subject to disclosure under the <i>Municipal Freedom of Information and Protection of Privacy Act</i> if circumstances warrant. Inquiries about the Act may be directed to the Deputy Clerk at (519)-236-4351 ext. 223.</p>		



DATE:	SIGNATURE OF APPLICANT:
Mail of Fax this Application to: Charlene Overholt, Deputy Clerk The Corporation of the Municipality of Bluewater 14 Mill Ave, Zurich ON, N0M 2T0 Fax: 519-236-4329	