



## Application for Local School Advisory Committee Appointment

### CONTACT INFORMATION

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

Address: \_\_\_\_\_

Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

### AVAILABILITY

Meetings are held bi-monthly on the third Thursday of the month at 7:00 pm except during July and August. The meetings may be subject to change. Please select your availability from the options below.

I am available during the scheduled time

Other \_\_\_\_\_

### EXPLAIN WHY YOU WOULD LIKE TO SERVE ON THE COMMITTEE

If you require more space feel free to include an additional page.

---

---

---

---

---

### SPECIAL SKILLS OR QUALIFICATIONS

Please state your skills, experience and other qualifications relating to the Committee (*GDHS alumni, parent of a student attending GDHS, teacher, homeschool provider, etc.*) for which you are applying. If you require additional space feel free to attach another page to your application and where relevant, a current resume.

---

---

---

---

---

---

## Application for Local School Advisory Committee Appointment

### REFERENCES

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

Contact number: \_\_\_\_\_

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

Contact number: \_\_\_\_\_

### AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth herein are true and complete to the best of my knowledge. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the appointment. I further agree to serve on the above-noted committee if appointed and have reviewed the committee description and terms of reference and am able to regularly attend meetings.

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

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

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

### SUBMISSION INSTRUCTIONS

The information contained in your application submission is being collected pursuant to the Municipal Act S.O. 2001, Chapter 25. Any personal information contained in this form will be used solely to assess applicants' qualifications for appointment to one of the Municipality's Committees, in accordance with the requirements of the Municipal Freedom of Information and Privacy Act. If you are appointed to a Council Committee, your name may be viewed by the public.

Please submit your completed application either in person or via email by 11:59 pm on August 29, 2019 to the attention of:

Jill Bellchamber-Glazier, CAO-Clerk  
153 McKellar Street,  
Glencoe, ON NOL 1M0  
[cao@southwestmiddlesex.ca](mailto:cao@southwestmiddlesex.ca)