

Chatham-Kent Strategic Priority Advisory Committee

Volunteer Application Form						
	O Mr.	O Miss.	O Mrs.	O Ms.	Other	
Surname:		First Name:		Middle Initial:		
Home Address: Apt., Street, Box # or R.R.#			City		Postal Code	
Work Address: Apt., Street, Box # or R.R.#			City	Postal Code		
Home Telephone:		Cell Phone #:		Business Telephone:		
Fax #:		Email:	Email:			
REVIEW THE COMMITTEE MEMBER POSITION PROFILE AND ANSWER THE FOLLOWING QUESTIONS: (You may attach one additional 8 ½ x 11 page if required) Submit a brief bio/résumé along with your application for consideration						
Briefly state your reasons and interest in applying for appointment to the committee:						
2.	What is your background / qualifi	cations / evperience	ca / avnartica tha	it is relevant to this comm	nittee? (Submit a brief	
 What is your background / qualifications / experience / expertise that is relevant to this committee? (Sub bio/résumé along with your application for consideration) 					intice: (Subinit a brief	
3. What do you hope to contribute by your participation?						
Date:		Signature:	Signature:			

To submit your application and brief bio/résumé:

Send to:

Email:

Coordinator, Strategic Planning, Chief Administrative Office The Municipality of Chatham-Kent Civic Centre, 1st Floor Box 640, 315 King Street West

deborahf@chatham-kent.ca

Chatham, ON N7M 5L8 Phone: (519) 360-1998 ext 3052 Fax: (519) 436-3237 The information on this form will be used only for the purpose of the committee appointments.

If you have any questions about the collection or use of this information, please contact the Coordinator, Strategic Planning or visit www.chatham-kent.ca.