



**Portugal Cove  
St. Philip's**

# ADVISORY COMMITTEE APPLICATION

## CONTACT INFORMATION

Full Name:

Full Mailing Address:

Tel (Primary):

Tel: (Alternate):

Email:

Organization/Sector (if applicable):

Profession/Job Title (if applicable):

Emergency Contact #1, Name:

Tel:

Emergency Contact #2, Name:

Tel:

Are there any allergies, medical conditions or other items that members will need to know for life safety?

Yes

No

If yes, please specify:

What is your preferred method of communication:

Tel:

Email:

## ADVISORY COMMITTEE APPLICATION

### COMPLETE ALL SECTIONS OF THE APPLICATION

- 1. Based on the purpose of the Advisory Committee, why would you like to serve on this committee? What aspects of the committee's purpose interest you?**
- 2. Tell us how your knowledge, skills, and abilities make you the ideal candidate to serve on the advisory committee. Feel free to attach a resume with your application if applicable.**
- 3. Please provide your previous/current work, community service, or other volunteer activities and interests that may be related to the purpose of the Advisory Committee.**
- 4. What else can you tell us about yourself or your organization that supports your application?**

## ADVISORY COMMITTEE APPLICATION

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#### ELIGIBILITY

Preference will be given to residents of Portugal Cove – St. Philip's. Organizational representatives must have a connection to the purpose of the Advisory Committee. Exceptions may be made by Council as appropriate.

#### COMMITMENT TO EQUITY AND INCLUSIVENESS

The Town of Portugal Cove – St. Philip's is strongly committed to equity and inclusiveness. In selecting Advisory Committee members, the Town will aim to design processes that are transparent, accessible, free of discrimination and seek to remove barriers.

#### SELECTION INFORMATION

In addition to eligibility requirements, the specific skills and experiences of an applicant will be important factors in Committee selection. While all residents who meet the Eligibility Requirements are encouraged to apply, those who have demonstrated experience with groups or initiatives that have goals consistent with the Advisory Committee will be given preference.

#### ADDITIONAL INFORMATION

Those who are selected to serve on an Advisory Committees will be notified by email. Applications will be kept on file for up to seven (7) years and will be reviewed in the event that a position becomes available.

Note: Please include any relevant certifications and accreditations with your application.

#### PRIVACY NOTICE

Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your application. Questions about the collection and use of the information may be directed the Town Clerk by telephone: 709-895-8000.

**ENSURE THAT YOU HAVE COMPLETED ALL SECTIONS AND ENCLOSED ALL REQUESTED DOCUMENTATION. INCOMPLETE APPLICATIONS WILL BE CONSIDERED INELIGIBLE.**

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### COMPLETE ALL SECTIONS OF THE APPLICATION

#### DECLARATION

By signing this application, I hereby acknowledge and agree to the following:

- I grant permission for Town staff, or other members to take appropriate action to assist me in the event of an emergency.
- I acknowledge that any/all photograph(s) of me taken or provided in my capacity as a volunteer may be used in professional materials (i.e. print, website, television) and that I will not be compensated for the use of such photograph(s). I further acknowledge that the Town may change the image through cropping or digital manipulation.
- I will not disclose any sensitive and/or private information to unauthorized persons that I may obtain in my capacity as a volunteer, either after or during my term. I fully understand that such a breach may result in suspension or dismissal as an advisory committee member.
- I grant permission for the Town to publish/post my name on any/all documentation associated with the advisory committee including the Town's website.
- I grant permission for the Town to share my email with the other members of the advisory committee, including staff and council.

Applicant Signature:	Date:
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#### REFERENCE (MUST BE NON-FAMILY MEMBERS)

	REFERENCE #1	REFERENCE #2
Name:		
Occupation/Job Title:		
Relationship to Applicant:		
Primary Phone:		
Email:		
Date:		
Signature of Reference:		