



Norfolk County Council Committees Application Form

Surname: _____ Given Name(s): _____
 Address: _____
 City/Town: _____ Postal Code: _____
 Home Telephone: _____ Business Telephone: _____
 Cell: _____ Fax: _____

Email: _____

Committees contribute to Council’s decision making processes and help shape municipal policy. As such, it is important for potential committee members to understand the terms of reference for the committees to which they are applying and to be available to fulfill the commitment required. The Committee’s By-Law outlining the terms of reference for each committee can be found through the Clerk’s Division, 50 Colborne Street South, Simcoe, Ontario, N3Y 4H3.

Committee Preference*

1st Choice: _____

2nd Choice: _____

*If you are applying for the Accessibility Advisory Committee, please note that the *Accessibility for Ontarians with Disabilities Act, 2005* requires that a majority of the committee members be persons with disabilities.

Do you have a disability? Yes No Prefer not to identify

Background Information

Describe your interest in the committee(s) identified above and your order of preference:

Describe any specific knowledge or experience you have related to the committee(s) in which you have expressed interest:

If appointed, are there any issues that you feel should be considered by the committee(s) you have selected?

Yes

No

If yes, please describe:

Describe any prior experience you have serving on a committee or board:

If you have prior committee experience, please answer the following questions:

What was your most significant learning experience?

What was your most significant contribution?

How would you describe the way in which you work with others?

General Information

Place of Employment: _____

Nature of Employment: _____

Length of Residence in Norfolk County: _____

Community Interests and Activities:

Skills

- | | |
|---|--|
| <input type="checkbox"/> Volunteer Management | <input type="checkbox"/> Fundraising Experience |
| <input type="checkbox"/> Arts Education | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Marketing and Promotion |

Other (please describe):

References

Please list three individuals who can provide a personal reference (please list telephone numbers and/or email addresses for each individual):

Reference #1 - Name: _____

Relationship to Applicant: _____

Contact Information: _____

Reference #2 - Name: _____

Relationship to Applicant: _____

Contact Information: _____

Reference #3 - Name: _____

Relationship to Applicant: _____

Contact Information: _____

Applicants shall represent all geographic and community areas of Norfolk County i.e. East/West, urban/rural. All successful Appointees must be willing to undergo a Criminal Reference Check to be paid for by Norfolk County.

I agree to serve on the above committee(s) if appointed. I have reviewed the Committee descriptions and I am able to regularly attend meetings.

Signature: _____ Date _____

This form, when completed, must be returned, OR e-mailed/faxed to:

Tracey Rodrigues, Deputy Clerk
Norfolk County Administration – Clerks & By-law Department
50 Colborne Street South
Simcoe, ON N3Y 4H3
Phone: 519-426-5870, Ext. 1261
E-mail: clerks@norfolkcounty.ca

The personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, Chapter 25, as amended, and is used solely for the purposes related to the appointment of citizens at large to Council committees. If you are appointed to a Council committee your name may be viewed by the public. If you have any questions about the use of this information contact the County Clerk 50 Colborne St. S. Simcoe, ON N3Y 4H3.