



TOWN OF HIGH RIVER

APPLICATION FORM FOR APPOINTMENT TO TOWN BOARD/COMMISSION/COMMITTEE

ELIGIBILITY REQUIREMENTS

To be eligible for appointment as a member of a Town of High River Board/Commission/Committee, applicants shall be:

- 1) of the full age of 18 years,
- 2) a Canadian citizen or landed immigrant, and
- 3) A resident of the Town of High River for six (6) consecutive months immediately preceding the date of submitting an application unless specific provisions to the contrary exist in a particular bylaw(s).
- 4) Any other specific requirements that may be contained within each governing bylaw.

TOWN OF HIGH RIVER

APPLICATION FORM

for

APPOINTMENT TO BOARD/COMMISSION/COMMITTEE

(Resumes and references are optional although the background information will be helpful for the selection committee)

NAME		DATE	
ADDRESS		POSTAL CODE	
PHONE (RES)		PHONE (BUS)	
E-MAIL ADDRESS		FAX	
Number of Years as a Resident of the Town of High River			
I AM INTERESTED IN SERVING ON THE <i>(list preferences in order)</i>		And <input type="checkbox"/>	
		Or <input type="checkbox"/>	
And <input type="checkbox"/>		And <input type="checkbox"/>	
Or <input type="checkbox"/>		Or <input type="checkbox"/>	

COUNCIL HAS ESTABLISHED THE FOLLOWING BOARDS AND COMMITTEES:

- ASSESSMENT REVIEW BOARD (A.R.B.)**
- BUSINESS AND TOURISM ADVISORY COMMITTEE**
- ENVIRONMENTAL ADVISORY COMMITTEE**
- FAMILY AND COMMUNITY SUPPORT SERVICES (F.C.S.S.)**
- HIGH RIVER ARTS & CULTURE BOARD (One M.D. of Foothills Member)**
- HIGH RIVER & DISTRICT RECREATION BOARD (One M.D. of Foothills Member)**
- HIGH RIVER CENTENNIAL LIBRARY BOARD (One M.D. of Foothills Member)**
- HIGH RIVER POLICING COMMITTEE (One Youth Member)**
- SUBDIVISION AND DEVELOPMENT AUTHORITY (S.D.A.)**
(FORMERLY MUNICIPAL PLANNING COMMISSION – M.P.C.)
- SUBDIVISION AND DEVELOPMENT APPEAL BOARD (S.D.A.B.)**

ARE THERE ANY PERSONAL GOALS AND OBJECTIVES THAT YOU WOULD LIKE TO ACHIEVE AS A MEMBER ON THE BOARD(s)/COMMISSION(s)/COMMITTEE(s) YOU ARE APPLYING FOR?

PREVIOUS/CURRENT COMMUNITY INVOLVEMENT

DO YOU HAVE ANY RELATED EXPERIENCE IN THIS AREA OF INTEREST?

ANY ADDITIONAL INFORMATION THAT MAY BE RELEVANT?

REFERENCES RELATED TO COMMITTEE/BOARD APPLING FOR:

Name:	Phone:	Name:	Phone:
Address:		Address	

SIGNATURE OF APPLICANT

PLEASE RETURN THIS FORM TO:

TOWN OF HIGH RIVER 309B Macleod Trail S.W. HIGH RIVER, ALBERTA T1V 1Z5	ATTENTION: Sr. Legislative Assistant e-mail: cdrescher@highriver.ca Phone: 603-3414; Fax: 652-2396
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