



# TOWN OF REDCLIFF BOARDS & COMMISSIONS APPLICATION FORM

BOARD / COMMISSION APPLYING FOR: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAIL ADDRESS: \_\_\_\_\_

TELEPHONE (RESIDENCE): \_\_\_\_\_ (BUSINESS): \_\_\_\_\_

FAX (optional) (RESIDENCE): \_\_\_\_\_ (BUSINESS): \_\_\_\_\_

EMAIL (optional) \_\_\_\_\_

LENGTH OF RESIDENCE IN REDCLIFF (YEARS): \_\_\_\_\_

CANADIAN CITIZENSHIP: YES \_\_\_\_\_ NO \_\_\_\_\_

WORK EXPERIENCE:

---

---

---

WHAT SKILLS COULD YOU BRING:

---

---

---

OTHER COMMUNITY INVOLVEMENT / RELATED ACTIVITIES:

---

---

HOBBIES, SPORTS, CULTURAL ACTIVITIES, PASTIMES, ETC:

---

---

OTHER COMMENTS:

---



---



---



---



---



---

You may attach a resume or any additional information (2 pages maximum).

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT

If appointed, I authorize that the following personal information may be made public:

|                         |           |          |
|-------------------------|-----------|----------|
| Residence Address:      | Yes _____ | No _____ |
| Residence phone number: | Yes _____ | No _____ |
| Cell Phone:             | Yes _____ | No _____ |
| Residence fax number:   | Yes _____ | No _____ |
| Email address:          | Yes _____ | No _____ |
|                         |           |          |
| Business phone number:  | Yes _____ | No _____ |
| Business fax number:    | Yes _____ | No _____ |

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Please submit completed applications to the attention of:

Shanon Simon  
 Manager of Legislative and Land Services  
 Town of Redcliff  
 Box 40,  
 #1 – 3 Street NE  
 Redcliff, AB  
 T0J 2P0

Phone: (403) 548-3618  
 Fax: (403) 548-6623  
 Email: redcliff@redcliff.ca