



# 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:

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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: [shanons@redcliff.ca](mailto:shanons@redcliff.ca)