

Appointment to the Family Physician Recruitment Working Group Application Form for the 2025-2026 Term of Council

Applicant Information:		
Name:	Address:	
Phone Number:	Email:	
Are you currently a member of an date of expiry of your term.	y other Committee of Council? If so,	please name and provide
Please tell us about your particula	r interest in service on this committe	ee.
What would you hope to contribu	te to this committee?	
How would you support the work	of the committee?	
Please list any skills, training or qu	ralifications you would bring to the co	ommittee membership.

Previous Board and Committee Experience

Tell us about previous boa other municipalities):	rds, comm	ittees and task forces you	ı have served on (inc	luding in
Name of Board or Commit	tee:			
Number of Years Served:				
Name of Board of Commit	tee:			
Number of Years Served:				
Name of Board of Commit	tee:			
How would you describe t	he way in v	vhich you work with othe	rs?	
Eligibility				
Are you a qualified elector	in the Tow	n of The Blue Mountains?	Yes	No
Are you able to attend day	time meet	ings?	Yes	No
Would you have any confl of interest if you were app		rest or potential conflicts	Yes	No
Are you or will you be registered on the lobbyist registry? (this will not preclude you from applying, you may have to excuse yourself during certain topics)			Yes	No
We encourage you to atta	ch a resum	e and/or cover letter.		
Resume Attached?	Yes	No		
Cover Letter Attached?	Yes	No		

Appointment to this committee is strictly voluntary and there will be no remuneration for your participation.

I acknowledge that there will be no remuneration for participation in this committee.

Initials

Applicant Signature/Certification

I hereby certify that the information contained in this application form is accurate:

Applicant Signature:		
Date of Application:		

Privacy Statement:

Personal Information contained on this form is collected pursuant to the *Municipal Act*, 2001, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* (MFIPPA). Personal information on this Application will be used to assist in the selection of appointees to the Town's committees and may be subject to disclosure under the MFIPPA. Questions regarding the collection, use and disclosure of personal information should be directed to the Human Resources Department.