



# DISTRICT OF NORTH SAANICH

## Application for Appointment to an Advisory Commission of Council

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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Commission applied for: \_\_\_\_\_

Briefly state your reasons for and interest in applying for this appointment.

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Please indicate your background/expertise which you consider relevant to this position.

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What do you hope to contribute by participating on this Commission?

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Are you aware of any conflict of interest or potential conflict of interest which could arise should you be appointed to the Commission for which you are applying?

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Are you willing to serve on another Commission should a vacancy be available? If so, please indicate which Commission. \_\_\_\_\_

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**Please note that the application process includes an interview with Council that could be between November and January.**