



Application for Appointment to an Advisory Commission of Council

Name: _____ Date: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Advisory Commission applied for: _____

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

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

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

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

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

If you are appointed, your contact information provided on this application may be shared with the other members of your Commission for the purpose of Commission business only. Please give your consent by providing a signature below:

Please send any questions to commissions@northsaanich.ca or phone 250-656-0781 for assistance.

Please note that this application process may include an interview with the North Saanich Council that could take place between November and January.