



**APPLICATION FOR CONSIDERATION BY COUNCIL FOR APPOINTMENT
TO A COUNCIL-APPOINTED ADVISORY BODY**

SOCIAL PLANNING ADVISORY COMMITTEE

[*Note: A separate form must be completed for each vacancy you wish to be considered for]

CANDIDATE'S INFORMATION			
NAME OF APPLICANT: _____			
PLEASE PRINT			
ADDRESS: _____	_____	BC	_____
Street Address	City	Province	Postal Code
PHONE: _____	_____	FAX: _____	_____
Home	Business		
HISTORY OF COMMUNITY INVOLVEMENT			

OTHER RELEVANT PERSONAL HISTORY			

REASON FOR SEEKING APPOINTMENT			
[*For individual submission only - if sponsored by an organization, proceed to page 2]			

~ IF SPACE PROVIDED IS INSUFFICIENT, ATTACH ADDITIONAL SHEET ~

IF RECOMMENDED BY AN ORGANIZATION

NAME OF ORGANIZATION SPONSORING CANDIDATE: _____ PLEASE PRINT

ORGANIZATION REPRESENTED BY: _____

REPRESENTATIVE'S ADDRESS: _____ BC
Street Address City Province Postal Code

REPRESENTATIVE'S PHONE #: _____ FAX: _____
Home Business

REASON WHY YOUR ORGANIZATION IS RECOMMENDING THIS CANDIDATE: _____

Representative's signature

THIS SECTION MUST BE SIGNED BY THE CANDIDATE IN ALL CASES

I, _____, hereby signify that I am willing to accept an appointment to the Advisory Body named herein, should I be appointed to such by the Council of the City of Nanaimo.

Candidate's signature

The purpose of this form is to provide information which will assist the Council in knowing each candidate better. The form may be completed by an individual who is seeking an appointment, or by an organization wishing to submit an individual's name for consideration. In all cases, however, the person whose name is being put forward as a candidate must sign the form, in order to signify that he or she would be willing to accept the appointment should it be made.