

## Official Community Plan Advisory Committee APPLICATION FORM

Please fully complete the application form with all applicable information. Applications will be considered by Mayor and Council. Applicants will be notified of appointment by phone and mail.

Along with the completion of this application form, you are also requested to provide the following:

 A resume detailing experiences, qualifications, and background that support your application to be a member of the committee.

PERSONAL INFORMATION		
Name:		
Address:		
City:	Postal Code:	
Phone No.	Cell No.	
Email:		
KNOWLEDGE & EXPERTISE		
Please check off all areas that apply to your personal knowledge and/or expertise as they apply to the Official Community Plan Advisory Committee.		
Building & Economic Development		
(ex. land use planning, construction, community growth)	Arts, Culture & Recreation	
☐ Health & Social Services	<ul> <li>(ex. neighbourhood murals, history, parks and open space)</li> <li>Youth or Young Adult (Under 29)</li> <li>(ex. education, sports, entertainment)</li> <li>First Nations Culture &amp; Heritage</li> </ul>	
(ex. food supply, caregiving, community programs)		
<ul><li>Environmental Stewardship &amp; Climate Change</li></ul>		
(ex. agriculture, shoreline protection, carbon reduction)	(ex. history, partnerships, resources)	
☐ Business & Tourism		
(ex. local businesses, destinations, attractions)		

Freedom of Information and Protection of Privacy Act Notice: personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act sections 26(c) and will be used for the purpose of recruitment and appointment of Committee members. If you have any questions about the collection and use of this information please contact Corporate Services at 250-642-1634, District Sooke, 2205 Otter Point Road, Sooke, BC V9Z 1M1



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1. What are your reasons for seeking this appointment?		
2. Please outline your skills, experience(s), and specialized knowledge that		
support the application for appointment to this Committee.		

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TO BE SIGNED BY APPLICANT	
I confirm that the above information is true and correct:	
Signature of Applicant	Date

## Submit your application to:

Corporate Services
District of Sooke
2205 Otter Point Road
Sooke, BC V9Z 1J2

Phone: 250-642-1634 Fax: 250-642-0541

Email: corp@sooke.ca