

**Township of Billings
Application Form**

Parks, Recreation and Wellness Committee

Date: _____ Email: _____

Last name: _____ First name: _____

Address: _____

Phone (daytime): _____ Phone (evening): _____ Phone (Cell): _____

What skills, abilities, and/or specialized knowledge do you possess that would assist this group?

Why are you interested in serving the Township of Billings on this Committee?

What contribution do you believe you can make to this Committee?

What past contributions have you made to a similar group or organization?

What experience do you have in exchanging your views with others and in appreciating and respecting the skills, abilities and knowledge of others?

When a vacancy arises on the Committee, your application will be reviewed. Should you be contacted for an interview, you will have the opportunity to elaborate on your application. If you require additional information about the Committee appointment process or if you have any questions about any of the committees to which appointments are to be made, please contact the relevant township department.

NOTE: the personal information on the form is collected pursuant to the Freedom of Information and Protection of Privacy Act and the Municipal Act and will only be used for the purpose of processing your application.