



## Committee Application Form

License Appeal 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?

In accordance with the Municipal Freedom of Information and Privacy Act, personal information is collected under the authority of the Municipal Act, 2001 and will only be used for the purpose of candidate selection.