

VOLUNTEER APPLICATION

BOARDS,
COMMITTEES
&
COMMISSIONS



Please return this application to:

SUMMER VILLAGES ON SYLVAN LAKE

2 Erickson Drive
Sylvan Lake, AB
T4S 1P5

Phone: (403)887-2822

PERSONAL INFORMATION

Applicant Name: _____

Home Address: _____

Postal Code: _____

Phone (Home): _____ (Cell): _____

Email Address: _____

Length of residence in Summer Village: _____ years

Occupation: _____

Please note: to be eligible for membership, you must be at least 18 years of age and eligible to vote in the Summer Village. Training will be required before you can sit as a member on the Municipal Planning Commission or Subdivision and Development Appeal Board. Members are appointed annually at the organizational meeting.

Applicant Status	First-time applicant	Re-application
Please indicate whether you are a first-time applicant or are currently serving on a Board and are re-applying.		

BOARDS, COMMITTEES & COMMISSIONS

Please indicate, in order of choice, which of the following you wish to apply for:

Board, Committees, and Commissions	Rank
Municipal Planning Commission (Development Authority)	
Subdivision & Development Appeal Board	
Other special committee:	
Other special committee:	
Other special committee:	

Meeting Availability	Days	Evenings
Please indicate if you can attend meetings during the following times (select all that apply):		

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Thank you for your application. Should you have any questions, please contact the Summer Villages on Sylvan Lake Office at (403)887-2822.

QUALIFICATIONS

Why do you wish to be volunteer for a Summer Village committee and become involved in the decision-making process? State briefly the qualifications and experience you possess that would make you an asset to your chosen committee.

REFERENCES

Reference #1	
Name:	
Address:	
Phone:	Relationship:
Reference #2	
Name:	
Address:	
Phone:	Relationship:

PRIVACY DISCLOSURE

The information on this form is collected under the authority of section 4(c) of the Alberta Protection of Privacy Act.

This information will be used to apply to be a Volunteer with the Summer Village of Half Moon Bay.

If you have any questions about the collection of your personal information, you may contact: information@sylvansummervillages.ca.

By providing your signature, you are hereby authorizing a representative of the Summer Village to contact your references.

Signature: _____ **Date of Application:** _____