

The Corporation of the City of Stratford

Application for Advisory Committees, Boards and Outside Committees

Address (including postal code):	
Telephone (day):	Telephone (night):
E-mail:	
Minimum Requirements: (may vary because the following that apply to you:	by committee)
☐18 years of age or older	
☐A resident of Stratford or an eligible	e elector in Stratford
☐Ability to regularly attend meeting	s (daytime and/or evening as scheduled)
	applying for: hagement of the Downtown Stratford Business happlication form specific to that board.
If applying for more than one committee form for each committee or board.	e or board, please complete a separate application
If you are applying for the Accessik applicable box:	oility Advisory Committee, please check the
☐I am a person with a disability.	
☐I am familiar with issues affecting	persons with disabilities.
If applicable, what business sector	or community group are you representing: sector, youth representative.

	is your understanding of the mandate or responsibilities of the committee?
What	interests you most about the committee?
Descri	be your previous volunteer experience serving on committees or boards in
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How would this previous experience, described above, enhance the work of the committee you are applying for?	
Have you previously served on City boards or committees? If yes, indicate the board or committee and years of service below.	
I acknowledge, that if appointed as a member of this advisory committee, board or outside committee, I am governed by all applicable legislation, City By-laws and policies for the conduct of meetings and activities, including but not limited to:	
 Code of Conduct Policy for Procurement of Goods and Services Procedural By-law for the Conduct of Meetings Policy for Hiring of Employees Municipal Act and Municipal Conflict of Interest Act Accessibility for Ontarians with Disabilities Act and Regulations 	
Personal information collected on this application is gathered in accordance with the Municipal Act, for use when making appointments to City Boards and Advisory Committees. The information on this application will be provided to City Council for selection of members to serve on City Boards and Committees. The information contained on this form may be subject to disclosure under the Municipal Freedom of Information and Protection of Privacy Act if circumstances warrant. Inquiries about the Act may be directed to the Clerk at (519) 271-0250, ext. 329.	
Signature of Applicant:	
Date:	

Send this application to:

City Clerk

The Corporation of the City of Stratford

City Hall, P.O. Box 818, Stratford, Ontario, N5A 6W1

Fax: 519-273-5041

E-mail: clerks@stratford.ca

If you require this application in an alternate format, please contact the City Clerk.