



Return completed forms to:
 Clerks Department
 411 Greenfield Street
 Petrolia, ON N0N 1R0
mpearson@petrolia.ca

Town of Petrolia Committee Appointment Application Form (Special Call)

Term: May 2024 – December 2024

First Name: _____ Last Name: _____

Address: _____

Email Address: _____ Home Phone # _____ Postal Code

Cell Phone # _____ Daytime contact # _____

Please indicate which committee you are applying for	
Youth Advisory (adult member, 18+ years of age)	<input type="checkbox"/>
Youth Advisory (youth member, between age of 12-18)	<input type="checkbox"/>
Parks & Recreation Advisory (youth member, between age of 14-18)	<input type="checkbox"/>

NOTE: Please add separate pages if more space is required in any area.

1. Complete this section if you are applying as youth member:

Are you a resident of the Town of Petrolia? Yes No

Which School do you attend: _____

Grade: _____

Please describe to us why you wish to participate as a youth member on an advisory Committee of Town Council, and any strengths you will bring:

Are you able to attend monthly meetings held online at 6:00 pm? Yes No

Personal information on this form is collected under the authority of section 28(2) of the *Municipal Freedom of Information and Protection of Privacy Act* Ch. M. 56 R.S.O. 1990 and will be used for the purposes of making appointments to Committees. Any questions about the collection of this information may be addressed to the Clerk's Department. The Town of Petrolia is committed to inclusive, barrier-free processes and work environments. We will accommodate the needs of applicants under the Ontario Human Rights Code and the Accessibility for Ontarians with Disabilities Act (AODA).

Are you able to participate in activities throughout the year as a committee member? Yes No

Are you involved in extra-curricular activities in the Community? Yes No

If yes, please list those activities:

Have you received parental/guardian approval to participate in this committee? Yes No

2. Complete this section if you are applying as 18+ member:

What is your current or former occupation: _____

Please describe your educational background: _____

Please list any special degrees, licenses, certificates, memberships, special achievements, training, or other volunteer activities that are relevant to the committee(s) you are applying for:

Please describe to us why you wish to participate as an adult member of the Petrolia Youth Advisory Committee of Town Council, and outline strengths you will bring:

3. To be completed by all applicants

Have you previously served on a Town of Petrolia Committee? Yes No

If yes:

which committee(s)? _____

which year(s)? _____

Have you previously served on any other Community organizations or Committees? Yes No

If yes, please provide name(s) _____

Are you available to attend meetings:

- | | | |
|------------------------------|-----------------------------|---------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Daytime |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Evening |

Have read and understand the terms of reference in relation to the advisory committee you are applying for?

Yes No

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It is helpful if a resume is also attached but is optional | Please indicate whether you have attached a resume.

Yes No

Eligibility:

Please check all that apply to you:

Requirements	Yes	No
Youth between 12-18 Years of Age	<input type="checkbox"/>	<input type="checkbox"/>
18 Years of Age or Older	<input type="checkbox"/>	<input type="checkbox"/>
Eligible Elector in the Town of Petrolia	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Citizen	<input type="checkbox"/>	<input type="checkbox"/>
Reside in the Town of Petrolia	<input type="checkbox"/>	<input type="checkbox"/>

Certification:

The provision of any false or misleading information on this application will be sufficient reason for the Town to reject the application or to terminate an appointment.

Release of Contact Information (please choose one of the following)

I hereby consent to the release of my contact information including name, phone number and email to the public as committee contact information. Yes No

I DO NOT consent to the release of my contact information to the public as committee contact information. I do understand that my contact information WILL BE available to the Town of Petrolia and its employees and other members of the Committee. I also understand that my "Name" will appear on the Town of Petrolia website as a committee member. Yes No

I hereby certify that the information contained in this application form is accurate.

Applicant Signature

Date

Parental Consent: If you are applying for a youth position, please have your parent or guardian sign.

As the parent/guardian of the applicant I have read and understand the information, terms of reference and commitment to the advisory committee which they are applying for, and provide my permission for their attendance and participation.

Parent/Guardian Signature

Date

Please return application, completed in full to Mandi Pearson, Clerk/Operations Clerk 411 Greenfield St, Petrolia, ON N0N 1R0 or mpearson@petrolia.ca by 4:30 p.m., Friday, May 3, 2024

Please note that the appointment process is not complete until a resolution is passed at an official meeting of Council. You will be notified by letter about the outcome of your application.

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