



APPLICATION FORM- HURONIA WEST OPP DETACHMENT BOARD

Note: Please complete this application form in its entirety. Should this application form not be fully completed, the Municipality reserves the right to reject the application.

1. Please fill out the following and submit to the Clerk in the Municipality that you are seeking to represent:

<p>Town of Wasaga Beach 30 Lewis Street Wasaga Beach, ON L9Z 1A1</p>	<p>Tel: 705-429-3844 ext. 2223 Email: clerk@wasagabeach.com</p>
<p>Township of Clearview 217 Gideon Street Stayner, ON L0M 1S0</p>	<p>Tel: 705-428-6230 ext. 224 Email: clerks@clearview.ca</p>
<p>Township of Springwater 2231 Nursery Road Minesing, ON L9X 1A8</p>	<p>Tel: 705-728-4784 Ext. 2015 Email: clerks@springwater.ca</p>

2. Details:

<p>Last Name: _____ First Name: _____</p>		
<p>Street Address: _____ Unit No. _____ Town: _____</p>		
<p>Postal Code: _____</p>		
<p>Mailing Address*: _____ Unit No. _____ Town: _____</p> <p><i>(*If different than above)</i></p>		
<p>Postal Code: _____</p>		
<p>E-mail Address (update when available):</p> <p>_____</p>	<p>Business Phone No.</p> <p>_____</p>	<p>Home Phone No.</p> <p>_____</p>

3. Questionnaire

Note: Applicants may attach additional sheets/resume to respond to these questions.

a) Please explain why you would like to serve on the Huronia West OPP Detachment Board?

b) What skills, abilities or specialized knowledge do you have that will assist the Huronia West OPP Detachment Board?

c) What contribution do you believe you can make to the Huronia West OPP Detachment Board?

d) Why would you consider your background and interests appropriate for the Huronia West OPP Detachment Board?

e) How much time would you be willing to commit to the business of the Huronia West OPP Detachment Board, including attendance at meetings? (Please indicate availability during business hours as well as in the evening.)

4. Certification

Eligibility: Potential applicants are not eligible if they are:

- A judge or justice of the peace
- A member of a police service, special constable, or a First Nation Officer
- Someone practicing criminal law (either defense or prosecution)
- A director, officer, or employee of any policing provider
- A former officer of the Huronia West OPP Detachment (if you left less than a year ago)

I hereby certify that I have read the Eligibility Requirements and I am eligible to be a member of the Huronia West Detachment Board. Further, I certify the information contained in this application form is accurate. NOTE: Successful applicants will be notified and must submit a Criminal Record Check and complete mandatory training.

Signature

Date

The term of office for Detachment Board is consistent with the Term of Council, except where otherwise determined. Thank you for interest; we appreciate your willingness to contribute your time, energy, and talents in participating on local boards and committees.

The personal information on this form is collected under the authority of the Municipal Act and the legislation expressly associated with individual committees. The information will be used only for the purposes of recruitment of individuals to a Committee, Board or Commission for the Huronia West OPP Detachment Board. Information on this form will be disclosed for candidate selection purposes only. Questions about this collection can be directed to the Town Clerk.