



TOWN OF TABER
VOLUNTEER BOARDS/COMMISSIONS/COMMITTEES
APPLICATION FORM

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

<input type="checkbox"/> MUNICIPAL PLANNING COMMISSION	<input type="checkbox"/> AIRPORT COMMISSION
<input type="checkbox"/> LIBRARY BOARD	<input type="checkbox"/> POLICE COMMISSION
<input type="checkbox"/> RECREATION BOARD	<input type="checkbox"/> SUBDIVISION & DEVELOPMENT APPEAL BOARD
<input type="checkbox"/> ASSESSMENT REVIEW BOARD	
OTHER SPECIAL COMMITTEES _____	

I Personal Information:

Applicant Name: _____

Home Address: _____ Postal Code: _____

Phone (Bus.): _____ (Res.): _____

Email Address (if applicable): _____

Length of Residence in Taber: _____ Years

Occupation: _____ Employer: _____

To be eligible for membership, you must be a resident of the Town of Taber and be at least 18 years of age.

The Freedom of Information and Protection of Privacy Act is in effect. Therefore, please indicate whether you wish your personal information, such as your address and telephone number released to the general public.

Please indicate: Yes No

II Qualifications: (NOTE: A personal resume outlining any additional information may be attached)

Explain your interest in applying to become a member:

VOLUNTEER APPLICATION CONT'D

Why do you wish to be involved in the decision making process and what strengths would you bring to this Committee?

State briefly the qualifications and experience that you have that would make an asset to this Committee.

If you served on a Board, Committee or have been a member in any other organization, please specify.

Please provide two character references.

Name: _____ **Address:** _____

Phone (Bus.): _____ **(Res.):** _____

Name: _____ **Address:** _____

Phone (Bus.): _____ **(Res.):** _____

Would you be available to attend meetings: a) in the evening? _____ b) during the day? _____

NOTE: Town Police security/background check will be carried out as a requirement to participate on the Taber Police Commission only.

Applicant's Signature: _____ **Date of Application:** _____

(By providing your signature you are hereby authorizing a representative of the Town to contact your character references and to carry out a security/background check in the case of an application to participate on the Police Commission. Please provide your Date of Birth _____.)

**Return to:
Chief Administrative Officer
Town of Taber
4900 A – 50 Street
Taber, AB T1G 1T1
(Phone: 403-223-5500 Ext. 5523 Fax: 403-223-5530)**