



APPLICATION for APPOINTMENT
to Local Boards/Committees
to which Council makes appointments

Please consider my application to the Chatham-Kent Board of Health.

Indicate below which position(s) you wish to be considered for:

- Citizen Representative (Four year term, from January 1, 2021 through December 31, 2024)
 Indigenous Representative (Completion of current term, from January 1, 2021 through December 31, 2022)

Contact Information – Please Print:

Name:			
	(last name)		(first name or name known by)
Address:			
	Apartment/Unit #	PO Box	Rural Route
	City/Town		Postal Code
Telephone:	Home	Cell	
	Work		
Email address:			

Please indicate your preferred method of contact	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
Are you the owner or tenant of land or the spouse of an owner or tenant of land in the Municipality of Chatham-Kent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Knowledge and understanding that is relevant to the Committee	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: YOU MAY ALSO ATTACH ADDITIONAL RESPONSES IF MORE SPACE IS REQUIRED.
Applicants are encouraged to submit a resume as part of the application.

Committee Involvement

List all Municipal Boards/Committee on which you have served as a member in the past five years.

Briefly state your reasons and interest in applying for appointment to the Board of Health and what you believe you can contribute.

What is your background/qualifications/experience/expertise that is relevant to this Committee?

Outreach Initiatives

How did you learn about this position? (please check all that apply)

- Municipal Website**
- Televised meeting of Council**
- Through a Community Organization**
- Word of Mouth**
- other (please specify)**

References:

Please include the names and contact number(s) of three (3) references that may be contacted respecting your application.

Name	Contact Number(s)
1.	
2.	
3.	

Declaration (please read carefully)

I certify that the statements made by me are true and complete to the best of my knowledge. I understand that any misrepresentation made by me in connection with this application will be sufficient cause for rejection of this application.

Completed by: (print name)	
Date completed:	
Signature:	

Please return your completed application and attachments to:

April Rietdyk, General Manager, Community Human Services
Municipality of Chatham-Kent
435 Grand Avenue West
Chatham ON N7L 3Z4
ckpublichealth@chatham-kent.ca

Personal information, as defined by Section 2(1) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of the MFIPPA.

Personal information on this form will be used to assess the candidate's qualifications for appointment to one of the various committees or boards.

Personal information may form part of meeting agendas and minutes and therefore may be made available to members of the public at the meetings, through requests, and through the website of the Corporation of the Municipality of Chatham-Kent. Questions regarding the collection, use, and disclosure of this personal information may be directed to the Freedom of Information Coordinator, Clerk's Office, 315 King St. P.O. Box 640, Chatham On N7M 5K8, 519.360.1998