Chatham-Kent

APPLICATION for
ENCAMPMENT ADVISORY COMMITTEE

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:			

General Information
What is your preferred method of contact? ☐ Email ☐ Phone
Are you the owner or tenant of land or the spouse of an owner or tenant of land in the Municipality of Chatham-Kent? ☐ Yes ☐ No
Are you 18 years of age or older? ☐ Yes ☐ No

Committee Information	
Which category do you fall into?	
Resident from Northside Neighbours Association / resident who has previously lived near a shelter or large encampment	☐ Yes ☐ No
Business owners and/or operators, drawn from the Northside Neighbours Association	☐ Yes ☐ No
Community groups and persons with lived and living expertise	☐ Yes ☐ No

NOTE: APPLICANTS ARE ENCOURAGED TO INCLUDE A COVER LETTER AND/OR RESUME.

Committee Involvement

List all Boards/Committee(s) of which you have served as a member in the past 5 years.

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

What is your background/qualifications/expertise that is relevant to this Committee, including your knowledge and experience related to homelessness?

What actions would you take to balance the needs of unhoused individuals with the concerns of nearby residents when planning or implementing encampment-related projects or policies?

References:

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

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

Outreach Initiatives

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

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

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:	

Application Deadline

Please return your completed application and attachments **no later than 4:30 p.m. on the application deadline date of November 28, 2025**. to:

Judy Shantz, Clerk
Municipality of Chatham-Kent
315 King St. W, P.O. Box 640
Chatham ON N7M 5K8

Via email: ckclerk@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