

VOLUNTEER APPLICATION

BOARDS,
COMMITTEES
&
COMMISSIONS



Please return this application to:

Administrative
Services Manager

Town of Taber

A 4900 50th Street

Taber, AB, T1G 1T1

Phone: 403-223-5500

Fax: 403-223-5530

Email: town@taber.ca

PERSONAL INFORMATION

Applicant Name: _____

Home Address: _____ **Postal Code:** _____

Phone (Home): _____ **Phone (Work):** _____

Email Address (if applicable): _____

Length of residence in Taber: _____ years **Date of birth:** _____

Occupation: _____ **Employer:** _____

Please note: to be eligible for membership, you must be at least 18 years of age. For the Subdivision and Development Appeal Board, and the Taber Police Commission, you must be a resident of the Town of Taber.

Applicant Status	First-time applicant	Re-application
Please indicate whether you are a first-time applicant or are currently serving on a Board and are re-applying.		

BOARDS, COMMITTEES & COMMISSIONS

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

Board, Committees, and Commissions	Rank
Arts & Heritage Committee	
Library Board	
Recreation Board	
Municipal Police Commission *Please provide a security/background check with this application if you are applying to the Police Commission. Security checks are available free of charge from the Taber Police Service.	
Subdivision & Development Appeal Board	
Municipal Planning Commission (Development Authority)	
Other special committee: _____	

Meeting Availability	Days	Evenings
Please indicate if you are able to attend meetings during the following times (select all that apply):		

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Thank you for your application. Should you have any questions, please contact the Town of Taber at 403-223-5500

QUALIFICATIONS

Why do you wish to be volunteer for a Town committee and become involved in the decision making process? State briefly the qualifications and experience you possess that would make you an asset to your chosen committee.

REFERENCES

Reference #1	
Name:	Relationship:
Address:	
Phone (Home):	Phone (Work):
Reference #2	
Name:	Relationship:
Address:	
Phone (Home):	Phone (Work):

FOIPP DISCLOSURE

The personal information on this form is being collected for the purpose of determining eligibility of an applicant to serve as a member of a Board or Committee of the municipality of the Town of Taber. The information is collected under the authority of section 33 of the Freedom of Information and Protection of Privacy Act. Under section 33 of the FOIPP Act, the Town of Taber reserves the right to collect information that relates directly to and is necessary for an operating program or activity of the public body.

By providing your signature, you are hereby authorizing a representative of the Town of Taber to contact your references. In the case of an application to participate in the Police Commission, your signature authorizes that a representative of the Town is able to receive the security/background check you provide.

If you have any questions about the collection of this information, please contact the FOIPP Coordinator at 403-223-5500 ext 5519.

Signature: _____ **Date of Application:** _____