

**CITY OF PENTICTON  
COUNCIL ADVISORY COMMITTEE/TASK FORCE APPLICATION FORM**

(Name of Advisory Body)

[\*Note: A separate form must be completed for each vacancy you wish to be considered for]

**CANDIDATE'S INFORMATION**

**NAME OF APPLICANT** (Please Print): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street Address City Province Postal Code

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
Home Business Email Address

**HISTORY OF COMMUNITY INVOLVEMENT/QUALIFICATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER RELEVANT PERSONAL HISTORY**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR SEEKING APPOINTMENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby signify that I am willing to accept an appointment to the Advisory Body named herein, should I be appointed to such by the Council of the City of Penticton.

By checking this box, if appointed, I agree my application can be shared with members of the advisory body.

\_\_\_\_\_  
Applicant's Signature