The Corporation of the Town of Cobourg
Legislative Services Department
55 King Street West
Cobourg, ON K9A 2M2

Advisory Committee and Local Board Application Form

PART I
APPLICATION

1. PERSONAL INFORMATION

Last Name:		**First Name:**	
Home Address:		**City/Town:**	**Province:**
Postal Code:	**Phone:**	**E-Mail:**	
Occupation:			

Are you a Cobourg Resident and/or Taxpayer?	☐ **Yes** ☐ **No**
Are you currently employed by the Town of Cobourg?	☐ **Yes** ☐ **No**
Are you over 18 years of age?	☐ **Yes** ☐ **No**

2. SELECTION OF COMMITTEES/BOARDS

Advisory Committee(s) or Board(s) in which I am seeking appointment to are:

1	
2	
3	

3. QUALIFICATIONS

Please note that you may enclose a copy of your résumé or a synopsis outlining any additional information you deem important.

Do you have previous experience on a Municipal Committee, Board or other organization? If yes, please list the Committee(s) and/or Board(s) that you have served in the past, including the range of dates and the municipality you served:
Briefly state what you consider your experiences and qualifications to be and why you are interested in serving on the Committee(s)/Board(s) selected in Question 2. You may refer to the Terms of Reference By-law to review the skills/assets applicable to the Committee or Board of your interest.

What experience do you have in exchanging your views with others and in appreciating and respecting the skills, abilities and knowledge of others?

Please described how your appointment would benefit the residents of Cobourg:

4. TERMS OF APPOINTMENT

The Town of Cobourg limits membership on a singular Committee or Board to a maximum of six (6) consecutive years. If you are a current member of a Town of Cobourg Committee or Board, or have been within the past year, please complete the following:

I am, or have served within the past year, on the , for consecutive years. If more than 6 years, please specify:

5. ADDITIONAL INFORMATION (IF APPLICABLE)

To be completed only if you are applying to the Accessibility Advisory Committee

Please note that the following information is optional and refusal to provide it will not affect your eligibility.

Under the AODA, a majority of the members of the Committee shall be persons with disabilities.

Do you identify as a person with a disability as defined under the Accessibility for Ontarians with Disabilities Act, 2005*? ☐ **Yes** ☐ **No**

*a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, and degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impairment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device;

b) a condition of mental impairment or a development disability;

c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;

d) a mental disorder, or

e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997; ("handicap").

To be completed only if you are applying to the Cobourg Public Library Board

The following is a list of specific skills/knowledge that are considered to be an asset to the Cobourg Public Library Board. Please indicate your level of knowledge or familiarity.

Knowledge and/or Experience with/in:	**Extensive**	**Moderate**	**None**
The Carver "Policy Model" of Governance	☐	☐	☐
Strategic Planning	☐	☐	☐
Community Advocacy	☐	☐	☐
Labour Relations	☐	☐	☐
Policy Development & Maintenance	☐	☐	☐
Financial Stewardship	☐	☐	☐
Robert's Rules of Order	☐	☐	☐
Political Acumen	☐	☐	☐

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if appointed, falsified statements in this application shall be considered sufficient cause for removal.

Print Full Name	Signature	Date (YYYY/MM/DD)

PART II

CONDITIONS OF APPOINTMENT

During my term as a member of a Town of Cobourg Committee or Board, I agree to adhere to the following:

Declaration of Interest

Members of Council Appointed Committees and Boards have a statutory duty to declare a direct or indirect pecuniary interest in any matter before the Committee or Board in accordance with the provisions in the *Municipal Conflict of Interest Act*. Members who have declared an interest on any matter shall not participate in the discussion of or vote on the matter, and shall not attempt in any way whether before, during or after the meeting to influence the voting on any such question.

Code of Conduct

Council Appointed Committees and Boards work on behalf of Municipal Council for the members of the public. Members of Council appointed Committees and Boards must subscribe to the Duties and Conduct listed in the Town of Cobourg Policy COUN-ADM1. Should a member of an Advisory Committee or Local Board exhibit a pattern of inappropriate conduct, contrary to Policy COUN-ADM1, the Advisory Committee/Local Board or the administration of the Town of Cobourg may request that Council rescind the member's appointment.

By signing this form and if selected to be a member of a Committee or Board of the Town of Cobourg, as the case may be, I agree to abide by the rules of the Committee or Board and attend meetings to the best of my ability; and

I hereby acknowledge and agree that, if appointed to a Committee or Board of the Town of Cobourg, I will subscribe to the Declaration of Interest and abide by the Town of Cobourg's Duties and Conduct for Advisory Committees and Local Boards.

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if appointed, falsified statements in this application shall be considered sufficient cause for removal.

Print Full Name	Signature	Date (YYYY/MM/DD)

Personal Information Collection Notice

Personal information, as defined in 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 MFIPPA. Personal information on this Application will be used to assist the Municipal Council in selecting appointees for various Town of Cobourg Committee and Boards. The information contained on this form may be subject to disclosure under the MFIPPA if circumstances warrant. Questions regarding the collection, use and disclosure of personal information contained in this Application may be directed to Brent Larmer, Municipal Clerk/Manager of Legislative Services at (905) 372-4301 extension 4401, or at blarmer@cobourg.ca.

PART III

SUBMISSION OF APPLICATION

Please return the completed Application in person, by mail, or e-mail:

Mail or in Person
The Town of Cobourg
Legislative Services Department
Victoria Hall
55 King Street West
Cobourg, ON K9A 2M2

Business Hours: 8:30 a.m. to 4:30 p.m.

Phone

905-372-4301

E-Mail

clerk@cobourg.ca