Community Well-Being Task Force

Application Form for Community Representatives

Thank you for your interest in serving on the Community Well-Being Task Force. Please complete the following information and submit this application to the Municipal Clerk's Office.

- Full Name:

- Residential Address:

- Telephone Number:

- Email Address:

- Occupation:

- Please indicate any relevant experience or background related to community well-being:

- Why are you interested in serving on the Community Well-Being Task Force?

- Do you reside within 300 metres of the Homeless Shelter? (Yes / No)

- Do you understand and agree that members of the Task Force shall not engage in lobbying activities and that such matters remain the sole domain of Municipal Council?(Yes / No)

Signature: _____

Date: _____