



Settle down.

CORPORATION OF THE CITY OF GRAND FORKS

APPLICATION FOR APPOINTMENT TO COUNCIL ADVISORY GROUP

- The purpose of this form is to provide information to enable Council to select individuals to serve on the Council Remuneration Advisory Group:

APPLICANT INFORMATION

All applications will be considered in confidence

NAME OF APPLICANT:

ADDRESS:

PHONE:

(home) _____ (business)

E-MAIL

If applicable please specify any of the following:

- Experience and expertise in finance or accounting
- Experience in Local Government
- Former member of Council
- Representative of the business community
- Representative of the "community at large"

EMPLOYMENT HISTORY: (Attach separately if necessary)

RELEVANT VOLUNTEER WORK EXPERIENCE:

LIST OF SKILLS, ATTRIBUTES & OR QUALIFICATIONS YOU FEEL WOULD BENEFIT THE ADVISORY GROUP:

LIST OF RELEVANT PROFESSIONAL/PERSONAL ASSOCIATION MEMBERSHIPS:

HISTORY OF COMMUNITY INVOLVEMENT:

REFERENCES:

NAME: _____

PHONE: _____ (home) _____ (business)

E-MAIL: _____

NAME: _____

PHONE: _____ (home) _____ (business)

E-MAIL: _____

NAME: _____

PHONE: _____ (home) _____ (business)

E-MAIL: _____

This section MUST be signed by the applicant

I, _____ hereby signify that I am willing to accept an appointment to the Advisory Group, should I be appointed to such by the Council of the City of Grand Forks.

Applicant's Signature

Date

Please submit completed applications to:

City of Grand Forks
Financial Services Department
Attention: Juliette Rhodes, CFO
7217 4th Street
Grand Fork, BC V0H 1H0

Telephone: (250) 442-8266
Email: info@grandforks.ca