



**The Municipal Corporation of the  
Town of Fort Erie**

**APPLICATION FOR APPOINTMENT TO  
TOWN OF FORT ERIE BOARDS/COMMITTEES**

***Please Note: You must be an Eligible Elector in the Town of Fort Erie in order to be a Board/Committee member. Eligible Elector means: You are a resident in the Town of Fort Erie or the owner or tenant of land, or the spouse of such owner or tenant; a Canadian citizen; and at least 18 years old.\****

Application for Appointment to: \_\_\_\_\_  
(Name of Board/Committee)

I am an Eligible Elector:  Yes †  No †

Town of Fort Erie resident:  Yes †  No †

**\*Exceptions:**

- If applying for the Fort Erie Public Library Board, you must be a resident of the Town of Fort Erie in addition to being an Eligible Elector.
- Members to the Mayor's Youth Advisory Committee (MYAC) are ages 13-21.

**PERSONAL DATA:**

Name: \_\_\_\_\_ Ms.  Mr.

**Mailing Address:**

P.O. Box: \_\_\_\_\_ R.R. \_\_\_\_\_ General Delivery: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No. Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

*By providing your email address here, you agree to receive emails from the Town of Fort Erie. If at any time you no longer wish to receive these emails, please contact: [communications@forterie.ca](mailto:communications@forterie.ca)*

**Business/Work experience in past 5 years (Note: If self-employed or retired, please indicate your current or previous occupation:**

**Please explain how your business/work experience or educational background is related to the mandate of the Board/Committee:**

**Please state why you are interested in serving on this Board/Committee:**

**What skills, abilities and specialized knowledge do you have that will assist this Board/Committee:**

**Have you read the Board/Committee description and are you able to commit the time required to carry out these duties?**

**Have you previously been a member of this or any other Town of Fort Erie Board/Committee? If yes, please indicate the name of the Board/Committee and length of time you served:**

**Are you applying to serve on another Town of Fort Erie Board/Committee? If yes, please indicate the name of the Board/Committee:**

How did you learn about this position: (i) Newspaper (*please specify*)

\_\_\_\_\_

(ii) Town's website:  (iii) Community Organization:

(iv) Word of mouth:  (v) Other (*please specify*):

Please add any additional information and/or comments (*Resumes may be submitted with your application form but will not be accepted instead of*):

\_\_\_\_\_  
**Signature of Applicant** \_\_\_\_\_  
**Date**

*Council will review the applications and engage in a public selection process at an upcoming **Regular Council Meeting**. Only the names of the applicants will form part of the public record. All other information will remain confidential and subject to the Municipal Freedom of Information and Protection of Privacy Act.*

**Please submit your completed written application by mail, email, fax or drop off at Town Hall Reception to:**

**Carol Schofield, Manager, Legislative Services/Clerk or  
Cheryl Watson, Legislative Assistant  
Town of Fort Erie  
1 Municipal Centre Drive  
Fort Erie, ON L2A 2S6  
Email: [cwatson@forterie.ca](mailto:cwatson@forterie.ca)  
Fax: 905-871-4022**