



Town of Edson
 PO Box 6300
 605 50 St
 Edson AB T7E1T7
 Phone: 780-723-4401
 Email: legislativeservices@edson.ca

Application Form – Boards & Committees

APPLICANT INFORMATION							
Full Name:							
Mailing Address:							
Phone:			Email:				
APPLICATION DETAILS							
Name of Board or Committee Being Applied For:							
Why are you interested in this Board or Committee?							
What skills will you bring to this Board or Committee? Provide comments and check applicable boxes.							
	Strategic Planning		Social Media		Community knowledge		Creativity/Visioning
	Risk Management		Leadership		Communication skills		Motivator for Action
	Fundraising		Team Work		Stakeholder engagement		Schedule Flexibility
Describe your community involvement, volunteerism, and relevant work experience over the past five years.							
Provide any additional information that you feel would assist in evaluating your application. Note that attachments and supporting documentation may be submitted along with your application.							
REFERENCES							
Name:			Phone/Email:				
Name:			Phone/Email:				

Signature: _____ Date: _____

The personal information collected will be used to process your application, and is collected under the authority of section 33 of the *Freedom of Information and Protection of Privacy Act*. If you have questions about the collection and use of this information, please contact Town of Edson FOIP Coordinator at 605 50 St, PO Box 6300, Edson AB, T7E 1T7, (780) 723-4401, or foip@edson.ca.