



THE CORPORATION OF THE CITY OF VERNON
**Application for Appointment to Committee/Commission/
Task Force**

***Proof of Vaccination Policy in place – please see details on last page**

*Applications will be considered by Council and applicants will be informed by email and/or mail.

Individual Applicants MUST reside within Vernon City Limits, unless otherwise stated in Committee/Commission/Task Force Terms of Reference.

PERSONAL INFORMATION	
Name:	
Home Address:	
City:	Postal Code:
Home Phone:	Cell Phone:
Email:	
If appointed, do you agree to the following contact information being shared with the other committee/commission/task force members?	
E-mail: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position you are applying for: _____	

AREA OF INTEREST	
The Committee's Terms of Reference (TOR) are available at www.vernon.ca/government-services/mayor-council/council-committees . Please read the TOR for any Committee/Commission/Task Force you are considering, prior to applying.	
Please indicate, the committee(s), commission or Task Force you are applying for:	
<input type="checkbox"/> Advisory Planning <input type="checkbox"/> Affordable Housing Advisory	
<input type="checkbox"/> Board of Variance <input type="checkbox"/> Economic Development Advisory	
<input type="checkbox"/> Tourism Commission <input type="checkbox"/> Transportation Advisory	
<input type="checkbox"/> Climate Action Advisory	
Name of Task Force: _____	
Are you a business operator in the City of Vernon <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you applying as a representative of a business, community association or other organization?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, identify the business/association/organization: _____	

Note: The information you provide on this form is collected by the City of Vernon under Section 26 (c) of the Freedom of Information and Protection of Privacy Act (FOIPPA) and will be used for purposes of Advisory Committee recruitment, appointment and contact only. Questions about the collection and use of this information should be directed to the Head of FOIPP in the Legislative Services Department at 250-550-3526, at foirequest@vernon.ca or at 3400 30 Street, Vernon B.C. V1T 5E6

What are your reasons for seeking appointment?

Outline how your skills and experiences support your application for appointment?

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Describe your history of community involvement (both past and present):

TO BE SIGNED BY THE APPLICANT

I confirm that the above information is true and correct.

Signature of Applicant

Date

*The City of Vernon is committed to providing a safe and healthy workplace for our employees as well as for the public we serve. Given the continuing spread of COVID-19 and COVID-19 variants within British Columbia, the City is committed to taking every precaution reasonable in the circumstances to protect employees and clients from the hazards of COVID-19. Therefore, the City has a Proof of Vaccination Policy requirement. This Policy applies to all City employees, including union and exempt employees, temporary employees, and summer students (“Employees”). For the purposes of this Policy, all references to Employees also include volunteers engaged in supporting municipal services, including volunteers appointed to City committees, commissions, or task forces.

Submit Your Application To:

Corporate Officer
City of Vernon | 3400 30 Street | Vernon, B.C. V1T 5E6
Telephone: 250-545-1361 | Email: admin@vernon.ca

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