



CITY OF KENORA APPLICATION FORM
For Appointment to Municipal Boards and Committees

Please complete this application form in its entirety. Should it not be fully completed, the City reserves the right to reject the application. In addition, the provision of any false or misleading information on this application will be sufficient reason for the City to reject the application or to terminate an appointment.

PLEASE PRINT OR TYPE

Full Name of Applicant: _____ Date: _____

Mr. _____ Street & Mailing Address: _____

Mrs. _____ -Postal

Code _____

Ms _____ Telephone Number: _____ (w) _____ (h)

Facsimile Number: _____ E-mail Address: _____

Occupation: _____, if applicable.

Eligibility:

Please ✓

Requirements	Yes	No
Canadian Citizen		
Minimum 18 Years of Age		
Eligible Kenora Elector		

NAME OF COMMITTEE OR BOARD which you are seeking appointment to
(if more than one, please list in order of preference):

Most appointments are for 4 years in accordance with the term of Council.

1. _____

2. _____

3. _____

Please provide a brief summary of those elements of your education, employment history, experiences and interests you believe should be considered in support of your application:

SIGNATURE _____

By signing this form you consent to having your appointment publicly released, if selected.

Please return to: ~

Joanne L. McMillin, City Clerk
City of Kenora, One Main Street South, Kenora, ON P9N 3X2
Ph: 467-2027, Fax: 467-2009, E-mail: jmcmillin@kenora.ca