



THE CORPORATION OF THE TOWNSHIP OF CENTRE WELLINGTON  
SELF NOMINATION FOR MEMBERSHIP ON AN ADVISORY COMMITTEE OR  
A FENCEVIEWER, LIVESTOCK INVESTIGATOR POSITION  
Submit only one application per person; include resume if applicable

PLEASE PRINT

**Advisory Committee(s) or Position(s) Interested in:**  
1st Choice: \_\_\_\_\_  
2nd Choice: \_\_\_\_\_

ARE YOU AVAILABLE FOR DAYTIME MEETINGS? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Preference: Daytime Meeting \_\_\_\_\_ Evening Meeting \_\_\_\_\_

**Personal Information: (Mr./Mrs./Ms.)**  
**NAME:**  
\_\_\_\_\_  
(Last) (First) (Middle Initial)  
**HOME ADDRESS:**  
\_\_\_\_\_  
(Number) (Street) (Apt. #) (Town) (Postal Code)  
Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Reasons for Seeking Appointment/List Qualifications Ideal to Committee/Position** *(The community member must be actively involved with organizations for people with disabilities, be a caregiver for people with disabilities, or a person living with a disability as defined by the Ontario Human Rights Code)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Additional Information that may be Helpful in Consideration of Your Application** *(including previous community involvement – attach relevant information or resume if needed)*  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN APPLICATION TO:**  
(in confidence)  
Township of Centre Wellington  
Devlin Schellenberger, Legislative Coordinator  
1 MacDonald Square, Elora, ON N0B 1S0  
T: 519-846-9691 x 257, F: 519-846-2074  
Email: dschellenberger@centrewellington.ca

PURSUANT TO THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT, THE PERSONAL INFORMATION CONTAINED ON THIS FORM WILL BE USED SOLELY TO ASSESS YOUR QUALIFICATIONS FOR APPOINTMENT TO ONE OF THE TOWNSHIP'S ADVISORY COMMITTEES.