



**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 Self Nomination/List Qualifications Ideal to Committee/Position

List Township Advisory Committee(s) or Position(s) you have served on or currently hold
 1. _____ # years _____
 2. _____ # years _____

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

Signature: _____ Date: _____

PLEASE RETURN SELF NOMINATION FORM TO: (in confidence)

Township of Centre Wellington
 Devlin Schellenberger, Legislative Coordinator
 1 MacDonald Square, Elora, ON N0B 1S0
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 Email: dschellenberger@centrewellington.ca