



**APPLICATION TO THE MUNICIPAL COUNCIL  
OF THE CORPORATION OF THE  
CITY OF ORILLIA  
FOR APPOINTMENT TO BOARDS AND COMMITTEES**

**QUALIFICATIONS\*:**

- Resident of the City of Orillia  
**OR**
- owner or tenant of land in the City of Orillia  
**OR**
- the spouse or same-sex partner of such an owner or tenant,
- and a Canadian citizen,
- and eighteen years of age or older.

**\*Note: Residency qualifications for the Accessibility Advisory Committee, Environmental Advisory Committee, Farmers' Market Management Committee, Trails for Life Committee, Transit Advisory Committee, Order of Orillia Awards Committee and the Orillia Hall of Fame Committee vary. Please visit the City's website at [www.city.orillia.on.ca](http://www.city.orillia.on.ca) or call (705) 325-2108 for further information.\***

DATE: \_\_\_\_\_

NAME: Mrs./Mr./Ms. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT THAN ABOVE:  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

TELEPHONE NO.'s:

RESIDENCE \_\_\_\_\_ BUSINESS \_\_\_\_\_

FACSIMILE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**COMMITTEE OR BOARD TO WHICH YOU ARE SEEKING AN APPOINTMENT:**

(If more than one, please list in order of preference).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

ARE YOU INTERESTED IN SERVING ON MORE THAN ONE COMMITTEE? \_\_\_\_\_

**PLEASE STATE YOUR REASONS FOR SEEKING APPOINTMENT TO THIS PARTICULAR COMMITTEE/BOARD AND ANY ADDITIONAL INFORMATION THAT WILL BE HELPFUL TO COUNCIL IN ITS CONSIDERATION OF YOUR APPLICATION.**

(Please attach a separate sheet if necessary)

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Pursuant to Section 32 (b) of the Municipal Freedom of Information and Protection of Privacy Act, I consent to the disclosure of this information and any attachments (with the exception of references listed) to the Secretary and members of any Committee to which I am appointed.

\_\_\_\_\_  
Signature

**REFERENCES:**

- |               |                 |
|---------------|-----------------|
| 1. Name _____ | Phone No. _____ |
| 2. Name _____ | Phone No. _____ |
| 3. Name _____ | Phone No. _____ |

Please return completed form to: Janet A. Nyhof, Deputy Clerk  
City of Orillia  
50 Andrew Street South, Suite 300  
Orillia, ON L3V 7T5

**Re: Committees**

Telephone: 705-325-2108  
Fax: 705-325-5178  
E-mail: [jnyhof@city.orillia.on.ca](mailto:jnyhof@city.orillia.on.ca)

PERSONAL INFORMATION COLLECTED ON THIS FORM IS PURSUANT TO THE MUNICIPAL ACT, R.S.O. 1990 CHAPTER M.45 AS AMENDED, AND WILL BE USED TO DETERMINE APPOINTMENTS TO BOARDS AND COMMITTEES. SUCCESSFUL APPLICATIONS WILL BE DISCLOSED TO COMMITTEE SECRETARIES TO PROVIDE TO THE COMMITTEE AS BACKGROUND INFORMATION. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO THE FREEDOM OF INFORMATION CO-ORDINATOR: CITY OF ORILLIA, 50 ANDREW ST. S., ORILLIA, ONTARIO, L3V 7T5. TELEPHONE - 705-325-2301