

APPLICATION FOR COMMITTEE MEMBER OR COMMITTEE CHAIR – 2019

Please note the deadline for submission of this form is April 1, 2019

SECTION 1: APPLICANT INFORMATION:

LAST NAME

FIRST NAME

ADDRESS – Number, Street/Box/R.R./City, Province, Postal Code

TELEPHONE

E-MAIL

DISTRICT NUMBER/NAME

PLEASE INDICATE IF THIS APPLICATION IS FOR THE POSITION OF: **Member** **Chair**

PLEASE SELECT THE COMMITTEE YOU ARE APPLYING FOR:

Select only one. A separate form must be submitted for each Committee Chair or Member application.

<u>STANDING COMMITTEES</u>	<u>ADVISORY COMMITTEES</u>
<input type="checkbox"/> Audit	<input type="checkbox"/> Marketing and Communications
<input type="checkbox"/> Benefits	<input type="checkbox"/> Member Services
<input type="checkbox"/> Governance	<input type="checkbox"/> Political Advocacy
	<input type="checkbox"/> Project Service to Others

PLEASE INDICATE IF THIS APPLICATION IS A: **New Application** **Reappointment** **Extension**
 (Please refer to #3 on the Instruction sheet for details on this section)

If this is a reappointment or extension application, please only complete and submit Section 1 – ‘Applicant Information’ on this page and Section 4 – ‘Other Information’ on page 3.

SECTION 2: APPLICANT CONSENT, UNDERSTANDING, DECLARATION AND DISCLOSURE

- I consent to the collection, use and disclosure of the information contained in this application form for purposes deemed appropriate and necessary by the Nomination Committee of RTO/ERO.
- I have read the Committee's Terms of Reference and understand the requirements of a Committee Member.
- I declare that neither I, nor any member of my immediate family, have any material interest nor is liable to any financial or other gain as a result of my participation in the business of the RTO/ERO Committee for which I am applying. Further, I will declare immediately any such interest should it arise subsequent to my appointment.
- If applying for the Benefits Committee, I hereby confirm that I am a member of the RTO/ERO's Group Insurance Plan.

Name of Insurance Plan:

- RTO/ERO Group Insurance Plan or;
- Other – please specify: _____

APPLICANT CONSENT

I have read all of the foregoing and by my signature, attest to the fact that I am consenting and declaring to all that has been requested and confirm that the information disclosed is true.

Signature of Applicant

Date

DISTRICT EXECUTIVE SIGNATURE

If a signature is not available at the time of completing the form, the District Executive may email their acknowledgment and consent to Muriel Howden at mhowden@rto-ero.org

Signature of District President

Date

Signature of District Secretary

Date

SECTION 3: ATTRIBUTES, EXPERIENCE AND RELEVANT KNOWLEDGE

Please describe in no more than 200 words: specific attributes, experience, knowledge and technological skills that are relevant to the work of the Committee/Chair for which you are applying.

SECTION 4: OTHER INFORMATION FOR CONSIDERATION

All existing committee members requesting a reappointment or extension must complete this section, providing details on relevant experience, reasons and rationale for the request (please see #3 on the Instruction Sheet).

All others may complete this section if they wish to provide additional information. Your response should be limited to no more than 200 words.

UPON COMPLETION OF THE FILLABLE FORM, PLEASE:

- Print the application and have it signed by the appropriate members of your District Executive. The form may be mailed to Muriel Howden at the Provincial Office, 18 Spadina Road, Suite 300, Toronto, Ontario M5R 2S7, or scanned and emailed to mhowden@rto-ero.org;
- or,**
- If the appropriate District Members are not available to sign it, simply email the application and have them email their consent to mhowden@rto-ero.org.