



# Township of Ramara Committee and Board Application Form

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Committee(s) or Board(s) to which you are seeking appointment. Please list order of preference (you may be appointed to more than one Committee or Board)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you currently a member of any other Ramara Township Committee or Board?  
If yes, please list the name of the Committee or Board and the number of years served.

*Include additional pages where required*

Please list the reasons for seeking appointment to this (these) Committee(s) or Board(s) and any other information you feel may be helpful in considering your application.

*Include additional pages where required*

Please list any skills/qualifications/knowledge you would bring to the committee/board.

*Include additional pages where required.*

Have you served on this committee/board before            Yes    No    # of years

Some Committees/Boards encourage youth participation.  
Please state your grade in school if you under the age of 18.    Grade

Please attach any additional information such as a resume or reference letter which would assist in considering your application.

For those over age 18, if selected for appointment to a committee/board, I consent to the release or publication of my phone number and/or email address as a contact person for the committee/board.

*By signing this form I confirm that I am a resident or owner of land in the Township of Ramara; and, if selected to be a member of a committee/board as the case may be, I agree to abide by the rules of the Committee/board and attend meetings to the best of my ability and understand that absence from meetings pursuant to the policy or the terms of reference is grounds for my removal as a member of the Committee.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian consenting to appointment if Applicant under the age of 18

**Please print, sign and return your completed application to the attention of:**

The Clerk's Department  
Township of Ramara  
2297 Highway 12, P.O. Box 130  
Brechin, ON L0K 1B0

Fax: 705-484-0441  
Email: [ramara@ramara.ca](mailto:ramara@ramara.ca)

Upon request, the Township will provide, or arrange for the provision of, accessible formats and or communication supports for people with disabilities. Please contact the Clerk's Department at (705)484-5374 if you wish an accessible format or communication support.

*Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act c.M56 s.29(2) and will be used for the appointment and management of citizen members to Township boards and committees. Questions regarding the collection of personal information should be directed to the Records Manager/FOI Coordinator, Township of Ramara, PO Box 130, 2297 Highway 12, Brechin, ON L0K 1B0, 705-484-5374.*