

Town of Strathmore Volunteer Application Form Library Board

| Contact Information | |
|--------------------------------|--|
| Name | |
| Street Address | |
| Town, Province, Postal Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Mandate

The Library Board is the body appointed by the Town of Strathmore Municipal council, which is responsible for the full management and control of the library. It is responsible for the identity, continuity, and the progress of the library through periods of changing staff and conditions. It represents a community trust going far beyond the immediate concerns of the library. The Board has the ultimate responsibility for the direction and goals of the library.

Position Please check which position you are applying for Eligibility Criteria **Public Member** Public members should be: a) residents of Town of Strathmore, and b) at least 18 years of age c) preference will be given to applicants with accounting experience Chairperson In addition to the above criteria, preference will be given to applicants who: (Please note that a) have experience chairing a committee or board meeting; certain Committees b) have understanding of the Town of Strathmore Procedure Bylaw; may have additional c) demonstrate strong time management skills; and requirements) d) have previous experience with public engagement

| Skills and Qualificat | ions |
|------------------------------|--|
| - | ifications you have acquired from employment, previous volunteer work, or throug obbies or sports. Please identify specific skills/qualifications related to the Committe |
| | |
| Previous Volunteer | Experience/Current Employer |
| Summarize your previous v | volunteer experience. If you are applying for a Chairperson position, please list your ce and skills. |
| Volunteer Experience: | |
| Current Employer: | |
| Why do you want to | o volunteer for the Town? |
| | |
| | Committee, you are required to complete and submit a Council Code of Committees may also require you to sign an Oath of Confidentiality. |
| Agreement and Sign | nature |
| that if I am accepted as a | ation, I affirm that the facts set forth in it are true and complete. I understan a volunteer, any false statements, omissions, or other misrepresentations lication may result in my immediate dismissal. |
| Name (please print) | |
| Signature | |

The information on this form is being collected in accordance with the Municipal Government Act and will be managed in compliance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your information, please contact the Town of Strathmore FOIP Coordinator at 403-934-3133.

Date