



# Application to Join a Board or Committee

Application for Citizen Appointment to a Board or  
Committee of Council  
City of Kawartha Lakes  
City Clerk's Office  
26 Francis Street, PO Box 9000  
Lindsay, Ontario K9V 5R8  
[agendaitems@kawarthalakes.ca](mailto:agendaitems@kawarthalakes.ca)

Note: Please complete this Application in its entirety. Should this Application not be fully completed, the City reserves the right to reject the Application. In addition, the provision of any false or misleading information on this Application will be sufficient reason for the City to reject the Application or to terminate an appointment.

Please submit the completed Application to:  
The City of Kawartha Lakes  
26 Francis Street, P.O. Box 9000  
Lindsay, Ontario K9V 5R8  
Attention: City Clerk's Office  
Fax: 705-324-8110  
Telephone: 705-324-9411  
Email: [agendaitems@kawarthalakes.ca](mailto:agendaitems@kawarthalakes.ca)

**Name: \***

**Address: \***

**City/Town/Village: \***

**Province: \***

**Postal Code: \***

**Telephone Number: \***

**Email Address:**

**Indicate which Board or Committee of Council the application is being submitted for:**

**Check all that apply to you:**

- An elector in the City of Kawartha Lakes
- A Canadian Citizen
- 18 Years of Age or Older
- Applying for a Reappointment

**List the real property owned/rented in the City of Kawartha Lakes by yourself or your spouse:**

**Do you currently sit on a City Committee, Board or Task Force?**

- Yes
- No

**If yes, please list the name of the committee, board or task force and the term.**

**Have you sat on a City Committee, Board or Task Force in the past?**

- Yes
- No

**If yes, please list the name of the committee, board or task force and the term.**

**Are you applying concurrently to any other City Committee, Board or Task Force?**

- Yes
- No

**If yes, please list the name of the committee, board or task force and the term.**

**Explain why you would like to serve on the Board or Committee of Council:**

**Please summarize any previous experience related to the position you are applying for.**

**In the field below please state, in detail, your experience: work related, community service oriented, or other volunteer activities which illustrate the interest, skills or abilities you may contribute. Please attach a current resume, if available.**

References:

In the fields below please list the name and contact phone number for your references. By applying your signature to this application, you authorize the City of Kawartha Lakes to contact the following persons or organizations and authorize them to disclose to the City any required information.

**Name/Organization:**

**Association with Person:**

**Telephone Number:**

**Name/Organization:**

**Association with Person:**

**Telephone Number:**

**Name/Organization:**

**Association with Person:**

**Telephone Number:**

Applicant's Signature:

**Name:**

**Signature:**

**Date:**

Personal information contained on this form is collected pursuant to The Municipal Act, 2001, and will be used for the purpose of responding to your request. Questions about the collection of this information should be directed to the City Clerk or Deputy Clerk at 705-324-9411, extension 1295 or 1322.