



**VOLUNTEER APPLICATION FORM**  
**Election Compliance Audit Committee**  
Contact Information – Please Print:

<b>Name:</b>			
	(last name)	(first name or name known by)	
<b>Address:</b>			
	<b>Apartment/Unit#</b>	<b>PO Box</b>	
	<b>City/Town</b>		<b>Postal Code</b>
<b>Telephone:</b>	<b>Home</b>		
	<b>Work</b>		
<b>Email address:</b>			

Are you the owner or tenant of land or the spouse of an owner or tenant of land in the County of Northumberland?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Do you possess the following experience (please include the number of years of experience):</i>	
Knowledge of the Municipal Elections Act, 1996	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knowledge and understanding of municipal election campaign financing rules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Experience working on a committee, task force or similar setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess any legal/accounting expertise you could offer the Committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE: YOU MAY ALSO ATTACH ADDITIONAL RESPONSES IF MORE SPACE IS REQUIRED or ATTACH A RESUME.**

**Committee Involvement**

List all Municipal Boards/Committee on which you have served as a member in the past 5 years.

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Briefly state your reasons and interest in applying for appointment to the Committee and what you believe you can contribute.

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What is your background/qualifications/experience/expertise that is relevant to this Committee?

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**References:**

<u>Name</u>	<u>Contact Number(s)</u>
1.	
2.	
3.	

**Declaration** (please read carefully)

I certify that the statements made by me are true and complete to the best of my knowledge. I understand that any misrepresentation made by me in connection with this application will be sufficient cause for rejection of this application.

<b>Completed by: (print name)</b>	
<b>Date completed:</b>	
<b>Signature:</b>	

**Please return your completed application and attachments to:**

**Brian Gilmer, Municipal Clerk  
Municipality of Port Hope  
56 Queen Street  
Port Hope, ON L1A 3Z9**

Personal information, as defined by Section 2(1) of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001 and in accordance with the provisions of the MFIPPA. Personal information on this form will be used to assess the candidate's qualifications for appointment to the specific committee applied to and shall become a public record, subject to MFIPPA provisions. Questions regarding the collection, use, and disclosure of this personal information may be directed to the Municipal Clerk, 56 Queen Street, Port Hope, ON, L1A 3Z9, 905.885.4544x2230.