

APPLICANT INFORMATION

Name:	Telephone Number (Work/Cell):	
Street:	Unit / Apartment #:	City/Town:
Postal Code:	E-mail:	
Advisory Committee Requested:		

ADVISORY COMMITTEES AND IDEAL SKILL SETS

<p><u>IMPROVEMENT</u></p> <ul style="list-style-type: none"> • Governance • Future Planning • Finance <p>Ideal Skill Sets</p> <ul style="list-style-type: none"> • Strategic Thinking • Accounting and Finance Experience • Policy Development 	<p><u>BEAUTIFICATION</u></p> <ul style="list-style-type: none"> • Décor – Seasonal • Signage (within the BIA) • Garden design <p>Ideal Skill Sets</p> <ul style="list-style-type: none"> • Design • Interest in Gardens and flowers • Wayfinding
<p><u>MAINTENANCE</u></p> <ul style="list-style-type: none"> • Cleanliness/Garbage • Safety (hazards, lighting, accessibility) • Garden Maintenance (staffing/equipment/contractors) <p>Ideal Skill Sets</p> <ul style="list-style-type: none"> • People Management • Legal / Risk Management • Creative Problem Solver 	<p><u>PROMOTION</u></p> <ul style="list-style-type: none"> • Membership Engagement • Marketing • Events <p>Ideal Skill Sets</p> <ul style="list-style-type: none"> • Good Communicator • Social Media • Media Planning • Event Management

All committees are looking for people who are: Enthusiastic and are an active contributor, exercise good judgement and have a positive outlook, have excellent communication skills, have a desire to expand knowledge and learn and *have a genuine interest in the betterment of the BIA as a whole.*

Please confirm whether you are:

- Voting Member of the Collingwood BIA
- Employee of a Collingwood BIA business
- Town of Collingwood Resident

Reason for applying: Indicate the experience, technical training, and skillsets which qualify you for an appointment on the BIA Advisory Committee and explain what significant contributions you have made to any committees, boards or organizations you have been a participant of: *(you may attach additional sheets and/or resume)*

As an Advisory Committee Member you must be able to commit 2-4 hours a month:
Would you be available for morning meetings? YES NO
Would you be available for evening meetings? YES NO
Are you available for meetings during business hours (MON-FRI 8:30am – 4:30pm)? YES NO
**Please note dates and times of meetings are subject to change, advance notice is provided and electronic participation is permitted if you cannot attend a meeting. (Currently all meetings are being held via video/teleconference)*

I confirm that I am over the age of eighteen years, and I am a resident, tenant, owner or co-owner of land situated within the Town of Collingwood and citizen of Canada and I herein authorize the investigation of statements herein. I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge.

I hereby certify that I am presently qualified to be a BIA Advisory Committee Member:

SIGNATURE OF APPLICANT	PRINT NAME
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DATE

Please return your completed applications to:

Collingwood Downtown Business Improvement Area (BIA), PO Box 23, 105 Hurontario Street,
Collingwood ON, L9Y 3Z4 **OR** snicholson@collingwooddowntown.com (please type "BIA Advisory
Committee Application" in the subject line of the e-mail) **OR** Fax to the attention of: **Susan
Nicholson, General Manager** at (705) 445-5495

Deadline for applications is November 27, 2020

Thank you for considering this volunteer opportunity!

Please note all applicants will be notified immediately after the appointment is approved by the Collingwood Downtown BIA Board of Management.

The Town of Collingwood is committed to supporting a culture of diversity and inclusiveness across the organization. We believe in equal opportunity and it is our priority to ensure a barrier-free recruitment and selection process. Should you require accommodation in relation to any of the materials or processes used during the recruitment and selection process, please notify **Clerk Services** at **705-445-1030**. The Town will make every effort to accommodate persons with disabilities in a timely, effective, and suitable manner.

Personal information contained on this form, collected pursuant to the Municipal Act, are **under the authority of the Municipal Freedom of Information and Protection of Privacy Act**. Questions about the collection of personal information should be directed to the Town's Freedom of Information and Privacy Coordinator.

FOR OFFICE USE ONLY:

Date Received:

Interview Date/Time:
