## THE CORPORATION OF THE TOWN OF COCHRANE COMMITTEES AND BOARDS

## **APPLICATION FOR VACANT POSITION**

Name of Committee	or Board:			
Name:				
Permanent Address:	Street & House No./ Lot & Con.			P.O. Box
Are you over 18 years	Town/Province	Postal Code No		Telephone Number
Education (Indicate w	hat institution you have	attended and	what level you	have obtained.)
Secondary:				
Post Secondary:				
Why are you intereste				
Board?	r skills do you posses	ss that would	be an asset f	or this Committee of
Signature			 Date	

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1990 M-45, and will be used to determine qualifications for employment with the Town of Cochrane. Questions about this collection should be directed to the Treasurer/Deputy Clerk, 171 Fourth Avenue, P.O. Box 490, Cochrane, Ontario PoL 1C0 (705) 272-4361.