

**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

Town/Province

Postal Code

Telephone Number

Are you over 18 years old? Yes No

Education (Indicate what institution you have attended and what level you have obtained.)

Secondary: _____

Post Secondary: _____

Other: _____

Why are you interested in this position?

What qualifications or skills do you possess that would be an asset for this Committee or Board?

Signature

Date