



Town of Strathmore
Volunteer Application Form
Senior's Advisory Committee

Contact Information

Name	
Street Address	
Town, Province, Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

Mandate

To enhance access to Town Services for seniors, the elderly, and their families, and to identify and suggest solutions to gaps and barriers that impede the full participation of seniors and the elderly in all aspects of life within the Town of Strathmore.

The Committee meets first Monday of each month for one hour.

Position

Please check which position you are applying for

Eligibility Criteria

Public Member

Public members should be:

- a) residents of Strathmore, and
- b) at least 18 years of age
- c) preference will be given to candidates with experience in the following:
 - Seniors Outreach; Health Care Professionals who preferably have responsibilities in providing care to seniors; Education Professionals who deal with educational needs and opportunities for seniors; Seniors Housing; and Citizens at Large from the community age 55 or older.

Chairperson
(Please note that certain Committees may have additional requirements)

In addition to the above criteria, preference will be given to applicants who:

- a) have experience chairing a committee or board meeting;
- b) have understanding of the Town of Strathmore Procedure Bylaw;
- c) demonstrate strong time management skills; and

Skills and Qualifications

Summarize skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Please identify specific skills/qualifications related to the Committee you are applying for.

Previous Volunteer Experience

Summarize your previous volunteer experience. If you are applying for a Chairperson position, please list your previous meeting experience and skills.

Other

If you are selected for a Committee, you are required to complete and submit a Council Code of Conduct form. Certain Committees may also require you to sign an Oath of Confidentiality.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (please print)	
Signature	
Date	

The information on this form is being collected in accordance with the Municipal Government Act and will be managed in compliance with the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your information, please contact the Town of Strathmore FOIP Coordinator at 403-934-3133.