



ROTHESAY



Application to serve on Town Committee

Full Vaccination COVID-19(required): YES **1 2 3 4** Please circle NO Prefer not to answer

Name: _____
(Last) (First) (Middle)

70 Hampton Road
Rothesay, NB
Canada E2E 5L5
T: 506-848-6600
F: 506-848-6677

Rothesay@rothesay.ca
www.rothesay.ca

Civic Address: _____

Mailing Address:
(if different) _____

Telephone: _____

Business: _____

Fax: _____

Email Address: _____

Background Information:
Further information, skills, abilities, interests?

Other Information:
What Committee(s) would you like to serve on and why?

References: Please provide 2 references who are familiar with your work and/or abilities:

<u>Name</u>	<u>Position</u>	<u>Address</u>	<u>Telephone No.</u>

DECLARATION: I hereby declare the statements made by me in this application are true & complete to the best of my knowledge and I authorize the town of Rothesay to use this information for consideration of my appointment to a Committee of the Town.

Signature: _____ Date: _____ 20____

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Discover your future / Découvrez votre avenir