

**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

Please remit this form to the Clerk, by email, fax or hand delivery:

The Corporation of the Town of Cochrane, 171 Fourth Avenue, Cochrane, Ontario P0L 1C0

Email: [Clerk@cochraneontario.com](mailto:Clerk@cochraneontario.com)

Telephone: (705) 272-4361 ext. 231 – Fax : (705) 272-6068

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 Clerk.