



Application to be a Committee Member
for the Oshawa Downtown BIA

Please complete the following application and submit to:

Office Manager
Oshawa Downtown BIA
21 Simcoe Street South
Oshawa, ON L1H 4G1

Telephone: 905-576-7606
Email: admin@downtownoshawa.ca

REQUIREMENTS

I am applying to become a member of the following committee(s) please check all that apply

- Beautification
- Governance
- Marketing
- Economic Development
- Events
- Community Development

PERSONAL DATA

Family Name: _____ First Name: _____
Address: _____ City: _____ Postal Code: _____
Telephone: Home: _____ Cell: _____
Email: _____

EDUCATION (List any of the following achievements - attach additional pages if required)

Licenses: _____
Certificates: _____
Professional Qualifications: _____
Courses: _____

NOTE: Resumé must be attached

Describe any of your related skills, activities, experience or training that relate to the committee(s) indicated above.

Personal information on this form is collected pursuant to Section 11 of the Municipal Act, S.O. 2001 and will be used to determine suitability for appointment to a local committee. Questions about this collection should be directed to the Office Manager at 905-576-7606 or 21 Simcoe Street South Ontario, L1H 4G1



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Describe why you are seeking to become a member of a committee for the Oshawa Downtown BIA

What do you think you can bring as a committee member for the Oshawa Downtown BIA.

List any positions to which you have previously been appointed.

I have not been convicted of a criminal offence for which a pardon has not been granted.

- Yes
- No (please explain below)

DECLARATION (please read carefully)

Information provided in this application is treated confidentially. Review all the information you have provided since it will be used to determine your suitability for appointment. Date and sign the declaration below. **Note you are required to attach a resumé. The Board reserves the right to request a background check. Thank you for your interest in becoming a committee member.**

I certify that the statements made by me are true and complete to the best of my knowledge. I understand that any misrepresentation made by me in connection with this application will be sufficient cause for rejection of this application. I authorize investigation of all statements contained in this application and release from liability any person or company providing such information.

I understand and agree that all personal information contained within this form will be disclosed to the Board of Directors at their request, at any time before or during the acceptance of your application.

Applicant's Signature

Date
