



PLEASE PRINT

Advisory Committee Application

Office of the City Clerk

CITY OF ST. JOHN'S
ADVISORY COMMITTEE APPLICATION

GENERAL INFORMATION

SECTION 1

Form fields for personal information: Full Name, Full Mailing Address, Telephone (Primary), Telephone (Secondary), Email Address, Name of Organization (if applicable), Organizational Sector (if applicable), Profession / Job Title (if applicable)

Please indicate your age range. (Mandatory for applicants looking to serve as Next Up! Representatives or members of the Seniors or Youth Committees):

14-29 years of age 30-43 years of age 44-65 years of age 65 years of age

For applicants 14-29 years of age applying to the Youth Advisory Committee:

School Name:

Junior High Grade _____ High School Grade _____ Post-Secondary Years _____

Please indicate in which capacity you are interested in serving on a City of St. John's Advisory Committee:

Resident Organization (Decision making authority preferred) Next Up! Representative

Note: If representing an organization, a letter of endorsement must be provided by the organization being represented.

Are you currently, or have you previously been, a member of any City of St. John's Committees or Boards? If so, please list the Committee name(s) and your date(s) of service:

Please indicate the Advisory Committee on which you would like to serve:

Note: Please include any relevant certifications and accreditations with your application.

- Youth Advisory Committee, Inclusion Advisory Committee, Arts and Culture Advisory Committee, Seniors Advisory Committee, Downtown Advisory Committee, Bike St. John's Advisory Committee, Environmental Advisory Committee

Based on the purpose of the Advisory Committee outlined in the terms of reference, why would you like to serve on this Committee? What aspects of the Committee's purpose are of interest to you?

Tell us how your knowledge, skills, and abilities make you an ideal candidate to serve on this Advisory Committee.

Please provide your previous/current work, community service, or other volunteer activities and interests that may be related to the purpose of the Advisory Committee.

What else can you tell us about yourself or your organization that supports your application?

Eligibility

Preference will be given to residents of St. John's. Organizational representatives will have a connection to the purpose of the Advisory Committee. Exceptions may be made by the selecting body as appropriate.

Commitment to Equity and Inclusiveness

The City of St. John's is strongly committed to equity and inclusiveness. In selecting Advisory Committee members the City will aim to design processes that are transparent, accessible, free of discrimination, and seek to remove barriers for disadvantaged groups including: young people (ages 14-29), senior citizens, women, Aboriginal people, members of LGBTQ community, persons with disabilities, and members of visible minorities.

Selection Information

In addition to eligibility requirements, the specific skills and experiences of an applicant will be important factors in Committee selection. While all residents who meet the Eligibility Requirements are encouraged to apply, those who have demonstrated experience with groups or initiatives that have goals consistent with the Advisory Committee's purpose, as outlined in its [Terms of Reference](#), will be given preference.

Advisory Committees are only one way the City engages with residents. Where applicable the City also uses other tools to gain perspectives and input.

For more information on public engagement in the City of St. John's and to find out how to get involved or learn about what's coming up, check out the engagement page on the City's website or check out the City's [Engage! St. John's](#) online engagement community and connect with us on [Twitter](#) and [Facebook](#).

REFERENCE INFORMATION (must be non-family members)

SECTION 4

| | Reference #1 | Reference #2 |
|---------------------------|--------------|--------------|
| Name | | |
| Occupation / Job Title | | |
| Relationship to Applicant | | |
| Primary Phone | | |
| Secondary Phone | | |
| Email | | |
| Date | | |
| Signature | | |

DECLARATION

SECTION 5

| | | |
|---|-----|----|
| I agree that in the event of an emergency, City of St. John's staff will take appropriate action for the above named Advisory Committee member. | Yes | No |
| I give permission to use photographs, of the above named volunteer, in any professional materials (i.e. print, website, television). I fully understand that there will be no compensation paid for use of the photograph. As well, the City of St. John's has permission to change the image (i.e. by cropping or digital manipulation) | Yes | No |
| I hereby acknowledge that City of St. John's Advisory Committee members may be entrusted with sensitive and private information. I hereby undertake neither to divulge any of the knowledge, nor to discuss it at any time or any place or with unauthorized persons whether during my time with the City of St. John's or thereafter. I hereby acknowledge that I fully understand the above and that a breach of this understanding may result in my suspension or dismissal as an Advisory Committee member. | Yes | No |

ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA

| | | |
|---|-----|----|
| I hereby waive and release all rights and claims for damages against the City of St. John's and their employees and agents for all injuries, which may be sustained, by the herein named minor or myself while attending Advisory Committee meetings. | Yes | No |
| I give permission for the City to publish/post my name on any documentation associated with this Committee including the City's web page. | Yes | No |

Applicant Signature _____ Date _____

MORE INFORMATION **SECTION 6**

Those who are selected to serve on City Advisory Committees will be notified by email. Form submissions will be kept on file for up to two years and reviewed to find replacements if Advisory Committee vacancies open.

ENSURE THAT YOU HAVE COMPLETED ALL SECTIONS AND ENCLOSED ALL REQUESTED DOCUMENTATION. INCOMPLETE APPLICATIONS WILL BE CONSIDERED INELIGIBLE.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM:

- Save the blank PDF form onto your computer. You must have Adobe Reader® software. It is available free online for download if you do not already have it on your computer.
- Type your information into the form. You may find it helpful to type the information into a Word document first and then cut and paste it into the PDF form.
- Print out the completed PDF application. This form may NOT let you save the information you entered. (i.e. only the blank form can be saved). We recommend you make a copy for your records.

Please send completed form to:

Office of the City Clerk
City of St. John's
Fourth Floor, City Hall
Via email: cityclerk@stjohns.ca
Via fax: 709-576-8474

For more information:
Call: (709) 576-8229