



# TOWN OF HINTON COMMITTEE MEMBER APPLICATION FORM

## TOWN COMMITTEES

- Community Engagement & Accountability Committee (CEAC)
  - Hinton Municipal Library Board
  - Hinton Policing Committee

APPLICATION FOR:

NAME:

DATE:

ADDRESS:

PHONE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Res: \_\_\_\_\_

Bus: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN HINTON OR THE SURROUNDING AREA?

\_\_\_\_\_

LIST OCCUPATION OR BACKGROUND INFORMATION

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\_\_\_\_\_

**WHAT SKILLS, STRENGTHS OR EXPERTISE WILL YOU BRING TO THIS COMMITTEE?**

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**WHY ARE YOU INTERESTED IN SERVING ON THIS COMMITTEE?**

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**THIS POSITION MAY INVOLVE ONE-TO-ONE CONVERSATIONS, TELEPHONE AND ELECTRONIC ENGAGEMENT WITH COMMUNITY RESIDENTS. PLEASE LIST YOUR EXPERIENCE OR SKILLS IN INFLUENCING OR ENGAGING MEMBERS OF THE COMMUNITY.**

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**LIST ALL PREVIOUS EXPERIENCE ON BOARDS, COMMITTEES OR VOLUNTEER POSITIONS:**

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**ARE YOU CURRENTLY SERVING ON A BOARD OR COMMITTEE? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**IF YES, PLEASE STATE WHICH BOARD OR COMMITTEE:**

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**APPLICANTS ARE INVITED TO GIVE THE NAMES OF TWO PERSONS IN HINTON WHO WOULD BE WILLING TO SUPPORT THIS APPLICATION BY PROVIDING A REFERENCE IF NECESSARY.**

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

The personal information is being collected under the authority of Section 32 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used solely for administering the affairs of the Town of Hinton. The privacy provisions of the Freedom of Information and Protection of Privacy Act protect it. If you have any questions about the collection contact the Legislative & Administrative Services Coordinator at 780.865.6002.