

# APPLICATION FORM



## VOLUNTEER COMMUNITY REPRESENTATIVE APPOINTMENT TO AUDIT WORKING COMMITTEE

This application form is to support broad community representation membership for the **Audit Working Committee**.

Please type or print clearly when completing the form. Feel free to attach your resumé or any other information indicating why you feel you would be a strong committee member. These are volunteer positions that require approximately two (2) hours, up to four (4) times a year for a term of two years.

NAME:	<input type="text"/>	PHONE NO: (RES)	<input type="text"/>
ADDRESS:	<input type="text"/>	(BUS)	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>	E-MAIL:	<input type="text"/>
POSTAL CODE:	<input type="text"/>	COMMITTEE NAME:	<u>Audit Working Committee</u>
LENGTH OF TIME YOU HAVE RESIDED IN CHILLIWACK:	<input type="text"/>	OCCUPATION:	<input type="text"/>
EMPLOYER:	<input type="text"/>		

APPLICABLE EDUCATION/BUSINESS/WORK EXPERIENCE:

<input type="text"/>
<input type="text"/>
<input type="text"/>

APPLICABLE COMMUNITY INVOLVEMENT AND/OR OTHER VOLUNTEER ACTIVITIES:

<input type="text"/>
<input type="text"/>
<input type="text"/>

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN BEING ON THE AUDIT WORKING COMMITTEE?

<input type="text"/>
<input type="text"/>
<input type="text"/>

PLEASE PROVIDE TWO (2) PROFESSIONAL REFERENCES.

NAME:	PHONE NUMBER:	EMAIL ADDRESS:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

The personal information in this application is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, please contact the Secretary-Treasurer's Office at 604.792.1321.

I am not an employee or board member of an organization receiving funding from the Chilliwack School District.

I will be available for meetings between the hours of 9:00 am and 4:00 pm.

Please return this form to the:  
Secretary-Treasurer's Office  
8430 Cessna Drive  
Chilliwack, B.C.  
V2P 7K4

or by email to [talana\\_mcinally@sd33.bc.ca](mailto:talana_mcinally@sd33.bc.ca)  
**By 12:00 pm, April 10, 2024**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)