



Board/Committee Application

Name of Board/Committee: _____

Date: _____

Name: _____

Home Phone: _____ Bus Phone: _____

Email: _____

Mailing Address: _____

Legal Land Description: _____

Relevant experience and/or employment (attach resume if relevant):

Why are you interested in this organization? _____

Area(s) of expertise/contribution you feel you can make: _____

Other volunteer experience: _____

List any other board(s)/committee(s) you have served on: _____

Please submit application to:
Legislative Services
Foothills County
Box 5605, 309 Macleod Trail, High River AB T1V 1M7
Email: Sherri.Barrett@foothillscountyab.ca

*This information is being collected in accordance with the Municipal Government Act and will be managed and compliant with Section 33(c) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection please contact the Foothills County FOIP Coordinator at 403-652-2341.

Fill out form - save to your computer and attach to email to submit, or fill out form, print and mail or deliver in person.