

COMMITTEE/ TASK GROUP APPLICATION FORM info@langleycity.ca

604.514.4585

Applicant Name:	Date of Request:
Residential Address:	
	Email:
Committee/Task Group Choice #1:	
Committee/Task Group Choice #2:	
Name of community group(s) or other organiza	ations with which you are currently affiliated:
Please describe your relevant background/exp including any other committees on which you r group:	pertise, volunteer experience, and community involvement, may have served, as it relates to serving on this committee/ task
Please list any relevant special training, course	es, certification, designations, or education:
Please share your reasons for, or interest in, ser	ving on this committee/task group:
Please describe how you can contribute to this c	ommittee/task group:
Please provide any additional comments you v	vish to share regarding your application: