

COMMITTEE/ TASK GROUP APPLICATION FORM info@langleycity.ca

604.514.4585

Applicant Name:	Date of Request:
Residential Address:	
	mail:
Committee/Task Group Choice #1:	
Committee/Task Group Choice #2:	
Member Representation (refer to Terms of Reference for s	specific positions).
Name of community group(s) or other organization	ns with which you are currently affiliated:
Please describe your relevant background/expert any other committees on which you may have se	ise, volunteer experience, and community involvement, including erved, as it relates to serving on this committee/ task group:
Please list any relevant special training, courses,	contification, designations, or education:
r lease list arry relevant special training, courses,	certification, designations, or education.
Please share your reasons for, or interest in, serv	ving on this committee/task group:
Please describe how you can contribute to this co	ommittee/task group:
Please provide any additional comments you wisl	n to share regarding your application:

■ Download the fillable form to your device, save, and email the completed form to info@langleycity.ca