

# Appendix J: Application Form for Heritage Advisory Commission

## Application for Appointment to the Regional District of Kitimat-Stikine Heritage Advisory Commission

### Contact Information

Name:

Street Address:

City, Province, Postal Code:

Home Phone:

Work Phone:

E-Mail Address:

### Availability

During which hours are you available for HAC meetings?

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekday evenings

Weekend evenings

### Further Information

Reasons for seeking appointment

---

---

---

---

Special background or expertise.

---

---

---

---

History of community involvement. (past and present)

---

---

---

---

Additional Information

---

---

---

---

**Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through activities which support your application for appointment to the Heritage Advisory Commission.

---

---

---

---

---

**Previous Volunteer Experience**

Summarize all previous volunteer experience

---

---

---

---

**Declaration and Consent of Applicant**

I solemnly declare that I am eligible to be appointed to the Commission or Advisory Committee(s) indicated above, as I am not an elected official, officer or employee of The Regional District of Kitimat-Stikine.

I solemnly declare the following direct and/or indirect pecuniary interest\* arising from a business relationship with the Regional District of Kitimat-Stikine.

*(\*A direct pecuniary interest is a financial gain or loss that accrues to the applicant. An indirect pecuniary interest is a financial gain or loss that accrues to the applicant's family or household.)*

---

---

---

---

I am willing to accept an appointment by the Board of the Regional District of Kitimat-Stikine to the Heritage Advisory Commission as specified by this application.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The information from the applications is collected for administrative and/or operational functions of the Regional District of Kitimat-Stikine as authorized by the Local Government Act. This information has been collected, and will be used and maintained, in accordance with the Freedom of Information and Protection of Privacy Act.

Please return the completed form to the Regional District of Kitimat-Stikine by, fax 250-635-9222 or mail to Suite #300, 4545 Lazelle Avenue, Terrace, BC, V8G 4E1. For more information call 250-615-6100, or e-mail [knewman@rdks.bc.ca](mailto:knewman@rdks.bc.ca).

Thank you for completing this application form and for your interest in volunteering with us.