

Region of Queens Municipality
AUDIT AND INTERNAL CONTROL COMMITTEE

Applicants Name: _____

Mailing Address: _____ Civic Address: _____

_____ Phone: _____

_____ Cell: _____

E-mail address: _____

Applicants are encouraged to note if they identify with any of the following diverse groups:

Indigenous

Person with a Disability

African Nova Scotian

LGBTQ2S+

Racially Visible Person

Youth

Other (Please specify) _____

Please explain your reasons for applying to be a member of the Audit and Internal Control Committee?

Have you participated in any financial training in the past five years? (If so, please explain)

Please outline your financial background.

What do you hope will be achieved by the Audit and Internal Control Committee and Municipality after volunteering on this Committee for two years?

I confirm that this application is true to the best of my knowledge and is being submitted in accordance with the application criteria and no information that may lead to my application being deemed ineligible or inappropriate has been withheld.

Signature: _____ Date: _____

Submit Applications to:
Joanne Veinotte, Director of Corporate Services, jveinotte@regionofqueens.com

OFFICE USE ONLY

Date Application Received: _____ Initials: _____

Approved: YES NO

Conditions / Reasons (if any): _____

Membership Start Date: _____ End Date: _____