Queens County

Region of Queens Municipality

RECREATION ADVISORY COMMITTEE
APPLICATION

Applicants Name:

Mailing Address:

Civic Address:

Phone:

Cell:

E-mail address:

Pronouns:

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

- ☐ Indigenous
- ☐ African Nova Scotian
- ☐ 2SLGBTQIA+
- ☐ Youth
- ☐ Person with a Disability
- ☐ Racialized Person
- ☐ Other (Please specify)

Please share with us your reasons for applying to be a member of the Recreation Advisory Committee

What interests you most about recreation, parks, trails, culture, sport, or community programming in our municipality?

Please describe any volunteer, professional, or personal experience that may be relevant to this committee.

What recreation opportunities or priorities do you believe are important for our community?

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 the Municipal Clerk
clerk@regionofqueens.com

OFFICE USE ONLY

Date Application Received: _____ Initials: _____

Approved: YES ☐ NO ☐

Conditions / Reasons (if any): _____

Membership Start Date: _____ End Date: _____