



Student Councillor – Application Form

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|------------------------------|---------------------|
| Date: | |
| Name: | |
| Home Phone: | Cell Phone: |
| Address: | |
| Town: | Postal Code: |
| School: | |
| Grade: | Age: |
| Parent/Guardian Name: | |

I have read and understand the terms of reference of the committee and am willing and able to make the time commitment necessary for the position of Student Councillor.

X

Student Signature

X

Date

Parental Consent required if student is under the age of 18:

I am the Parent/Guardian of and give permission for _____
to seek the position of Student Councillor.

Parent/Guardian Name: _____

Address and Phone No: _____

X

Parent/Guardian Signature

X

Date:

1. Why do you want to become a Student Councillor?

2. What personal skills and characteristics do you possess that would make you a good Student Councillor to work with our Town Council?

3. List any awards or significant accomplishments you have achieved.

4. Do you participate in any extra-curricular activities or organizations that show your commitment and interest in local issues and how they affect area residents?

5. Describe an important issue that is currently affecting the residents of Town of Erin.

Please attach an academic or mentor endorsement letter or reference.

Please send completed application to clerk@erin.ca or submit in person to the attention of the Clerk at 5684 Trafalgar Road. (night drop off box available)