**County of Newell Councillor’s Compensation Advisory Committee Application Form**

Thank you for your interest in serving on the **Councillor’s Compensation Advisory Committee**. Please complete this form and submit it by **March 14, 2025.**

**Applicant Information:**
**Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Postal Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Eligibility Criteria:**
☐ I confirm that I am a resident of the County of Newell.
☐ I am 18 years of age or older.

**Background and Experience:**

1. Why are you interested in serving on this committee?
2. What skills, qualifications, or experiences do you have that would contribute to the committee?
3. Do you have any prior experience serving on a committee, board, or in a similar advisory role? If yes, please describe:

**Acknowledgment and Signature:**
I certify that the information provided in this application is accurate. I understand the responsibilities of serving on the **Councillor’s Compensation Advisory Committee** and agree to commit to the necessary meetings and duties if selected.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_