Personal Information

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

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Telephone Numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of Residency in Central Alberta:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In which municipality do you reside?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 18 years of age?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifications

Have you previously served or currently serve on a municipal council, board or committee? (if yes, please list)

Please list your past community volunteer experience (other than municipal council, boards and committees):

Describe any specific experience you have related to being a member of a Board:

Describe your reason for wishing to become a Member of the SDAB:

How is your personal and work related educational background and experience related to the role of an SDAB Member and the desired qualifications?

What skills and abilities will you bring as a Member of the SDAB?

Have you completed SDAB Training within the past 6 months? If yes, when was it taken?

Are you available for the compulsory training on January 16, 2019?

If successful, would you prefer a two (2) year or a three (3) year appointment?

Please tell us about your availability to be scheduled for Hearings during a typical week and during a typical year (e.g. available evenings, available in winter months):

The deadline for applying is December 7, 2018. Completed application form must be sent to:

Craig Teal, Parkland Community Planning Services, Unit B 4730 Ross Street, Red Deer, AB T4N 1X2 or [craig.teal@pcps.ab.ca](mailto:craig.teal@pcps.ab.ca).

Successful applicants will be contacted by December 21, 2018.

The personal information requested on this form is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIPP) Act and will be used solely for the purpose of selecting Board Members for the Regional Subdivision and Development Appeal Board. The personal information that is provided will be protected in accordance with the Act. If you have any questions regarding the collection, use or disclosure of this personal information please contact Craig Teal at 403-343-3394.