

CITY OF NORTH VANCOUVER 141 WEST 14TH STREET NORTH VANCOUVER INFO@CNV.ORG
BC | CANADA | V7M 1H9 CNV.ORG

T 604 985 7761

ADVISORY BODY MEMBER APPLICATION FORM

Individuals who are interested in applying to serve on a City Committee, Commission, Panel, Board or Task Force (Advisory Bodies) please complete this application form. Applicants may also submit a résumé to supplement their application, but it's not required. Appointed members may be required to submit a Police Information Check.

Part 1: Applicant Information

Résumé Attached?

Name:			
Address	s: City:		
Provinc	e: Postal:		
Phone:	Email:		
Part 2: Advisory Body Preferences			
	se indicate your first (or only), second, and third choice (if applicable) of ory Body that you wish to be considered for (in order of preference):		
a)			
b)			
c)			
	e indicate the position you are applying for on the Advisory Body (if other Community Member):		
	information on committee positions, please consult the <u>Vacancies List</u> and <u>Terms of</u> (on the City's website) for the specific Advisory Body.		
	you previously served as a member of an Advisory Body for the City of Vancouver? Yes No		
If yes	s, please indicate:		
Advis	sory Body Name:		
Year	s of Service:		
Part 3: Résumé Information			

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No

Yes



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Applicant Name:

Part 4: Interest and Experience Information (these fields are mandatory)

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Part 5: Voluntary Self-Identification Questionnaire (Optional)

The City of North Vancouver recognizes that the City is best served by Advisory Bodies which reflect the diversity of the community. If you choose to complete this confidential demographic questionnaire, this information will not be used in respect of your application unless the Terms of Reference specifically provide for a particular demographic (e.g., persons with disabilities, Indigenous, etc.); otherwise, it will be separated from the rest of your application and reported on in summary form only.

All response information will be kept confidential and will be used to help us

Cit oui api	derstand the demographics of ap y are not represented on Counc routreach strategies to attract an oly and to further investigate wh ght face for participation.	il's Advisory Bodies. This wil d encourage people from diffe	l enable us to adapt erent communities to
1.	What is your age group?		
	17 and Under	18-34	35-54
	55-65	66+	I prefer not to say
2.	Which category best describe are listed alphabetically)	es your gender? (please not	te that the options
	Man	Non-Binary Person	Woman
	I prefer to self-describe I prefer not to say		
3.	How do you describe your ge	ender identity?	
	Cisgender	Transgender	Intergender or Ipsogender
	I prefer to self-describe		
	I don't know / I am unsure		I prefer not to say



4. Do you identify as an Indigenous person?

OFFICE OF THE DEPUTY CHIEF ADMINISTRATIVE OFFICER **LEGISLATIVE & LEGAL SERVICES DIVISION**

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	Yes	No	I prefer not to say		
	If yes, with which group do you identify? (select all that apply)				
	First Nations	Métis			
	Inuk (Inuit)		I prefer not to say		
5.	Do you identify	as a racialized person?			
	Yes	No	I prefer not to say		
6.	Are you new to	Canada (less than five years)?			
	Yes	No	I prefer not to say		
7.		(s) do you speak?			
	Name of langua	ge(s):			
8.	Do you identify as a person with a disability? (The <i>BC Accessibility Act</i> defines disability as an inability to participate fully and equally in society as a result of the interaction of an impairment and a barrier. An impairment includes a physical, sensory, mental, intellectual, or cognitive impairment, whether permanent, temporary or episodic.)				
	Yes	No	I prefer not to say		
9.	My household i	s a single income household			
	Yes	No	I prefer not to say		



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10. Do you rent or own your home?

l own	I rent	I prefer not to say				
11.Which area of the City do you live in?						
Cedar Village	Central Lonsdale	Grand Blvd				
Lower Lonsdale	Mahon	Marine-Hamilton				
Moodyville	Tempe	Westview				
Other (please speci	fv)					

Part 6: To help inform our outreach activities, please indicate how you heard about this opportunity (check as many as apply):

City Website	Email from Committee Clerk
Poster	Professional or Community Organization
Newspaper Advertisement	Social Media (X, Facebook, Instagram)
Word of Mouth	
Other (please specify)	



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Part 7: Consent and Signature

Signature of Applicant	Date	
I also agree to obtain a Police Information Check, if required.		
I consent to the confidential use of my personal City understand the demographics of applicants within the City may not represented on Council' the City adapt its outreach strategies to attract a communities to apply and to further investigate community members might face for participation	s and analyze what communities s Advisory Bodies, in order to help and encourage people from different what additional barriers some	
ny personal information in Parts 1-4 for the sole purpose of making appointments to Advisory Bodies and, if I am appointed, for contacting me regarding meetings and sending information.		
	consent to the confidential use of	
1	consent to the confidential use of	

Note: This information is collected by the City of North Vancouver under Section 26(c) of the Freedom of Information and Protection of Privacy Act and will be used to process and manage your Application and coordinate with the Advisory Bodies. If you have any questions about the collection of this personal information please contact the Corporate Officer at 141 West 14th Street, North Vancouver, BC V7M 1H9, 604-982-3973 or committees@cnv.org.

How to Submit Your Application

Your application form can be submitted by any of the following options:

By Email: committees@cnv.org

By Fax: 604-990-4202

Mail or Hand Deliver: North Vancouver City Hall **Gateway Counter** 141 West 14th Street North Vancouver, BC V7M 1H9