



# City of Whitehorse Recreation Grant Task Force Committee Application

## Applicant Information

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Current Occupation/Employer: \_\_\_\_\_

Have you previously been a member of a Committee, Board or Task Force for the City of Whitehorse?  Yes  No

If so, please list. \_\_\_\_\_

What skills and goals will you bring to the Task Force?

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Educational background / Professional qualifications? Check all that apply.

- |  |   |
|--|---|
| <input type="radio"/> High School Graduate | <input type="radio"/> University Undergraduate Degree |
| <input type="radio"/> Diploma/Certificate  | <input type="radio"/> University Graduate Degree      |
| <input type="radio"/> College Graduate     | <input type="radio"/> Other, please list              |

Community / Volunteer activities in the past five years?

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## Consent

*I consent to the release of the information on my application and understand that it will be made available on an as needed basis to City of Whitehorse Council members, civic staff and any applicable civic agencies for the purpose of making appointments to the Task Force, and, if I am appointed, for contacting me regarding meetings and sending information.*

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Witness \_\_\_\_\_ Printed Name of Witness \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a single typed page, if providing additional information.**



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