SLRD Electoral Area C Official Community Plan

Community Advisory Committee Volunteer Application Form

Thank you for your interest in volunteering for the Squamish-Lillooet Regional District (SLRD) Electoral Area C Official Community Plan (OCP) Community Advisory Committee. The committee will provide community perspectives, local knowledge and advice to support the OCP process.

Please submit your application by the **deadline of November 30**. Applications will be reviewed in accordance with the **Committee's Terms of Reference** and the SLRD **Procedure Bylaw**.

You can email (lpedrini@slrd.bc.ca), mail or drop off at the SLRD offices (Box 219, 1350 Aster Street, Pemberton BC, V0N 2L0).

Questions about the application process may be directed to Lisa Pedrini (lpedrini@slrd.bc.ca).

1. Applicant Information

Full name: _____

Preferred name: _____

Mailing address: _____

Community or neighbourhood: _____

Phone: _____ **Email:** _____

2. Eligibility and Connection to Electoral Area C

Please check all that apply:

- I live in SLRD Electoral Area C.
- I own property in SLRD Electoral Area C.
- I work, operate a business or volunteer in Electoral Area C.
- I have another meaningful connection to Electoral Area C, described below.

If applicable, please describe your connection to Electoral Area C:

_____

_____

SQUAMISH - LILLOOET REGIONAL DISTRICT

3. Experience, Knowledge and Community Involvement

Please describe any experience, knowledge or skills that you would bring to the Community Advisory Committee. Examples may include community planning, housing, transportation, economic development, environmental stewardship, agriculture, recreation, emergency preparedness, local business, Indigenous Relations, communications or public engagement.

Community organizations, committees, boards or groups with which you are involved:

Relevant education, employment or volunteer experience:

4. Interest in the OCP Process

Why are you interested in serving on the SLRD Electoral Area C OCP Community Advisory Committee?

What perspectives, communities or interests would you help bring to the committee's discussions?

5. Availability and Participation

Please indicate your availability (choose ALL that apply):

- ○ Weekday mornings
- ○ Weekday afternoons
- ○ Weekday evenings (except Friday)
- ○ Meetings held virtually
- ○ Meetings held in person

Are there any accessibility, scheduling or participation requirements needed to support your involvement?

_____

_____

6. Applicant Declaration

By submitting this application, I confirm that the information provided is accurate to the best of my knowledge. I understand that serving on the Area C OCP Review Community Advisory Committee involves attending meetings, reviewing materials, participating respectfully in discussions and providing advice from a community perspective. I understand that appointment to the committee is subject to the applicable SLRD process and that committee members may be required to follow relevant meeting, confidentiality, conflict-of-interest and conduct requirements.

Applicant signature: _____ **Date:** _____

Optional Demographic Information

The following information is optional and may be used to help assess the overall range of perspectives represented on the committee. You may leave any question blank.

Age range:

- ○ *Under 18*
- ○ *18–29*
- ○ *30–44*
- ○ *45–64*
- ○ *65 or older*
- ○ *Prefer not to say*

Do you identify as a person with a disability or accessibility-related lived experience?

- ○ *Yes*
- ○ *No*
- ○ *Prefer not to say*

Additional information you would like to share (please feel free to write as much as you like on the back):

_____

_____

_____