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Application for Appointment to a Council Advisory Committee or Special Purpose Body

Seniors Advisory Committee

Applicant Information
Name (First, Last):
Telephone Number:
Email:
Date of Application:
Application Questions
Briefly summarize why you are interested in becoming a member of the Seniors' Advisory Committee.
 Please describe what perspectives and experiences you would bring to this Committee. In answering this question, you may wish to include experience and knowledge about seniors' care needs.

