



Town of Berwick

Volunteer application

Applicant Name: _____	
Mailing Address: _____ _____ _____	Home Tel.: _____
	Business: _____
	Fax: _____
E-Mail Address: _____	Cell: _____

Note: All applicants for the Police Services Advisory Committee, Planning Advisory Committee and Berwick Electric Commission must be residents of the Town of Berwick. Applicants for the Recreation Advisory Committee must be residents of the Town of Berwick or Surrounding area

Committee List:

- 1. Police Services Advisory Committee**
- 2. Planning Advisory Committee**
- 3. Recreation Advisory Committee**
- 4. Berwick Electric Commission**

Position applied for:

First choice _____

Second Choice _____

Third Choice _____

a) Skills summary: knowledge& past experience related to the position

b) Reason for applying

Resume or References attached (optional)_____ Yes No

Should you not be successful in being selected for your three personal choices would you be willing to

Should you not be successful in being selected for your three personal choices would you be willing to:

a) **placed on a resource list for later selection** Yes No

b) **assigned to another position**_____ Yes No

Return to:

**Chantal Pineo-Atwood,
Executive Coordinator
Town of Berwick
236 Commercial St.,
Berwick, NS
Fax: (902) 538-3724
Email: catwood@town.berwick.ns.ca**

**Mailing Address
Town of Berwick
P.O. Box 130
Berwick, NS
B0P 1E0**

Application Deadline: November 27, 2009

Signature of Applicant:_____

Date _____