## Raisin-South Nation Source Protection Committee Member – Application

## *Please complete all areas of this application form for your application to be considered. You may attach additional information if desired. If you are nominating an individual, please ensure that the individual being nominated signs this form and include a copy with your nomination letter.*

## Note: To be eligible for membership on the Raisin-South Nation Source Protection Committee, you must: reside in, own or rent property within the Raisin-South Nation source protection region; or be employed or operate a business within the Raisin-South Nation source protection region; or be employed by a municipality that is in the Raisin-South Nation source protection region; and not be a member or employee of a conservation authority partially or wholly within the Raisin-South Nation source protection region.

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| Applicant Information | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | |  | | | | | | |  | | | Date: | |  |
| Last | | | | | First | | | | | | | M.I. | | | | | |
| Address: | |  | | | | | | | | | |  | | | | | |
| Street Address | | | | | | | | | | | | Apartment/Unit # | | | | | |
|  | |  | | | | | | | | | |  | | | |  | |
| City | | | | | | | | | | | | Province | | | | Post Code | |
| Phone: | (     ) | | | | | E-mail Address: | |  | | | | | | | | | |
| Please fill out address of eligible place of employment/business/property owned or rented within the Raisin-South Nation source protection region if the address above is not within the Raisin-South Nation source protection region: | | | | | | | | | | | | | | | | | |
| Alternate Address | | |  | | | | | | | | | | | | | | |
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| Please check box for the position(s) for which you are applying: | | | | | | | | | | | | | | | | | |
| Agriculture | | | | Industrial/Commercial | | | | | | | Aggregate | | | | | | |
| Member at Large | | | | Environmental | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Knowledge and Expertise | | | | | | | | | | | | | | | | | |
| *Please provide a brief summary and attach detailed information if desired.* | | | | | | | | | | | | | | | | | |
| Knowledge of drinking water source protection science and concepts and reading/reviewing technical reports: | | | | | | | | | | | | | | | | | |
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| Knowledge of the Raisin-South Nation source protection region watershed and communities and the related drinking water issues: | | | | | | | | | | | | | | | | | |
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| Communication Skills:  (*Please provide a brief description of how you have developed and used your oral and written communications skills)* | | | | | | | | | | | | | | | | | |
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| Experience working on multi-sector committees:  (*Include committee’s purpose, function, accountability and the outcome of the work of the committee; your role; and other member roles and responsibilities)* | | | | | | | | | | | | | | | | | |
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| Experience working effectively on teams or in groups responsible for making decisions:  (*Describe your role and other members’ roles and responsibilities; how difficult issues were managed; how decisions were made; how decisions were implemented and outcomes)* | | | | | | | | | | | | | | | | | |
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| Conditions of Appointment | | | | | | | | | | | | | | | | | |
| You must be able and willing to travel around the Raisin-South Nation source protection region to attend meetings, public information sessions and forums. (*Travel costs for use of your personal vehicle will be reimbursed at the rates set by the Province of Ontario as amended from time to time)* | | | | | | | | | | | | | | | | | |
| I am willing and able  Yes  No | | | | | | | | | | | | | | | | | |
| You must be able and willing to attend daytime meetings of the Raisin-South Nation Source Protection Committee and occasional evening and weekend public information sessions and forums. (*Members will receive a per diem to attend meetings)* | | | | | | | | | | | | | | | | | |
| I am willing and able  Yes  No | | | | | | | | | | | | | | | | | |
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| References | | | | | | | | | | | | | | | | | |
| Please include letters of reference specifically related to your application as a member of the Raisin -South Nation Source Protection Committee. Also include letters of endorsement for your application when applying as a member to represent a specific sector. We will consult with sector organizations in selecting sector and environmental members.  List of References/Endorsement Letters attached: | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | | | | |
| Company: | |  | | | | | | | | Phone: | | | (     ) | | | | |
|  | |  | | | | |  |  | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | | | | |
| Company: | |  | | | | | | | Phone: | | | | | (     ) | | | |
|  | |  | | | | |  |  | | | | | | | | | |
| Full Name: | |  | | | | | | | | | | | | | | | |
| Company: | |  | | | | | | | | Phone: | | | (     ) | | | | |
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| Disclaimer and Signature | | | |
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| By signing and dating this application you are agreeing to the following:  If appointed, the commitment to undertake the roles and responsibilities of a member of the Raisin-South Nation Source Protection Committee, including but not limited to:   * Regularly attending meetings of the Raisin-South Nation Source Protection Committee. * Abiding by the Rules of Procedure, and the Code of Conduct and Conflict of Interest policies of the Source Protection Committee (see http://protectingwater.ca/governance.cfm?smocid=1395). * Maintaining confidentiality of confidential and personal information brought before the Raisin -South Nation Source Protection Committee. * Remaining a member of the Raisin-South Nation Source Protection Committee until your term expires. * Attending, as required, public information sessions and public consultation forums on Raisin-South Nation Source Protection Committee matters.   I confirm that in making this application, that if appointed, I would carry out the duties and responsibilities as a member of the Raisin-South Nation Source Protection Committee described above. I also confirm that the information provided is accurate. | | | |
| Signature: |  | Date: |  |
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