



COLUMBIA SHUSWAP
REGIONAL DISTRICT

**ELECTORAL AREA 'A'
LOCAL ADVISORY COMMITTEE
EXPRESSION OF INTEREST FORM**

Name:	
Address:	
Phone Numbers:	<i>Home:</i> <i>Work:</i> <i>Cell:</i> <i>Fax:</i>
Email Address:	
Current Occupation:	
Experience (including work background, community activities, volunteering, etc.):	
Education (including formal education or training, certificates, completed courses, etc.)	

Thank you for your submission

<p><i>What skills, abilities and specialized knowledge do you have that will assist this advisory committee?</i></p>	
<p><i>Why are you interested in serving on this advisory committee?</i></p>	
<p><i>What contribution do you believe you can make?</i></p>	
<p><i>Have you worked with a similar group in the past? If so, please list.</i></p>	
<p><i>What experience do you have in exchanging your views with others and in appreciating and respecting the skills, abilities and knowledge of others?</i></p>	

Expressions Of Interest Will Be Accepted Until 4 PM Monday, December 19, 2016

Please forward completed forms to the Columbia Shuswap Regional District as follows:

Mail to: PO Box 978, Salmon Arm BC V1E 4P1
Deliver to: 555 Harbourfront Drive NE Salmon Arm BC
Fax to: (250) 832-3375 or
Email to: inquiries@csrd.bc.ca