New Westminster

# 2027 Application Form for Appointment to an Advisory Group

## 1. Applicant Information

| | | | |
|---|---|---|---|
| Last Name | | First Name | |
| Phone Nos. | Home | Cell | |
| Address | Apt. #/Street | | |
| | City | Postal Code | |
| Email | | | |

Neighbourhood

- ☐ Brow of the Hill
- ☐ Connaught Heights
- ☐ Downtown
- ☐ Glenbrooke North
- ☐ Massey Victory Heights
- ☐ Moody Park
- ☐ Quayside
- ☐ Queensborough
- ☐ Queen's Park
- ☐ Sapperton
- ☐ Victoria Hill / Ginger Drive
- ☐ West End

## 2. Advisory Group Information

*How do your knowledge, skills, and abilities make you the ideal candidate to serve on a Council-appointed advisory group? List the advisory group names for which you wish to serve on in the order of preference.*

| #1 – First Choice (advisory group name) | What makes you the ideal candidate to serve on this advisory group? |
|---|---|
| | |

| #2 – Second Choice (advisory group name) | What makes you the ideal candidate to serve on this advisory group? |
|---|---|
| | |

| #3 – Third Choice (advisory group name) | What makes you the ideal candidate to serve on this advisory group? |
|---|---|
| | |

**If you have previously been a member of an advisory group to Council for the City of New Westminster, please indicate the name(s) and year(s) served:**

**To help inform our outreach activities, please indicate how you heard about this opportunity** (check as many as apply):

- ☐ City website
- ☐ Email from the City
- ☐ Community organization
- ☐ Newspaper advertisement
- ☐ Poster
- ☐ Professional organization
- ☐ Social media
- ☐ Word of mouth
- ☐ Other

If Other, please specify:

## 3. Confidential Diversity Information (Optional)

*The City of New Westminster is committed to the core value of inclusion and recognizes that its advisory groups are most effective when they reflect the diversity of the community. Complete this confidential diversity questionnaire to support the City's efforts in promoting access, equity, and diversity. Your information will be kept strictly confidential and used only in summary form by Legislative Services to assess and report on progress toward these goals.*

*This information is not required; by completing this section, you are voluntarily disclosing this personal information.*

### Age

- ☐ 17 and under
- ☐ 18-34
- ☐ 35-54
- ☐ 55-65
- ☐ 66+
- ☐ Prefer not to say

### Gender Identity

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Non-Binary
- ☐ Prefer not to say
- ☐ None of the above; I identify as:

### Sexual Orientation

- ☐ Heterosexual
- ☐ Bisexual
- ☐ Homosexual
- ☐ Prefer not to say
- ☐ None of the above; I identify as:

**Do you identify as an Indigenous person?**

☐ Yes ☐ No ☐ Prefer not to say

**Do you identify as someone who is racialized, a visible minority, person of colour, or an analogous term?**

☐ Yes ☐ No ☐ Prefer not to say

If yes, please provide your ethnic origin:

**Are you a recent immigrant?** (i.e., moved to Canada within the past five years)

☐ Yes ☐ No ☐ Prefer not to say

**What is/are the primary language(s) spoken in your home?**

☐ English ☐ Croatian ☐ Mandarin ☐ Russian

☐ French ☐ Farsi ☐ Portuguese ☐ Spanish

☐ Arabic ☐ Hindi ☐ Punjabi ☐ Tagalog

☐ Cantonese ☐ Korean ☐ Romanian ☐ Vietnamese

☐ Other (please specify):

**Do you identify as someone who has a significant and persistent or recurring mobility, sensory, learning, or other physical or mental health impairment?**

☐ Yes ☐ No ☐ Prefer not to say

If yes, please share any further information about your health condition that could be relevant to your application:

**Are you a member of a low-income household and/or do you experience challenges with affordability?**

☐ Yes ☐ No ☐ Prefer not to say

**Do you rent or own your home?**

☐ I own my home ☐ I rent my home ☐ Prefer not to say

## 4. Information Release Consent

I, _____, consent to the release of the information on my application and understand that it will be made available on an as-needed basis to New Westminster City Council, City staff, and New Westminster Public Library staff, if applicable, for the sole purpose of making appointments to advisory groups, and, if I am appointed, for contacting me regarding meetings and other City-related information.

| Signature of Applicant | Date (MM/DD/YYYY) |
|---|---|

Your personal information submitted as part of this application is collected by the City of New Westminster under Section 26(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to process and manage your application for membership on an advisory group. Should you have any questions about the collection of this personal information, please contact Legislative Services at 604.527.4523 or by email at privacy@newwestcity.ca.

## 5. Application Form and Resume Submission

Submit your completed application form and resume in one of the following ways:

**By Email:** legislativeservices@newwestcity.ca

**By Mail:** **Attn: Legislative Services**
511 Royal Avenue
New Westminster, BC V5L 1H9

Visit www.newwestcity.ca/advisory for more information.

Applications will be kept on file for annual appointment terms.

*Ensure that your application is complete and your resume is included as part of your submission.*

## Important Information

- Applicants must not be City of New Westminster employees.
- Applicants must be residents of the City of New Westminster, except by special waiver. For more information, contact Legislative Services.
- Each advisory group has its own mandate and terms of reference, which include information such as roles and responsibilities, composition, meeting frequency, etc. Appointees should be able to serve the full advisory group appointment term as set forth in the terms of reference.
- **There is no remuneration for appointees; appointees serve in a volunteer capacity.**
- If you have any questions regarding an advisory group, contact Legislative Services at 604.527.4523 or email legislativeservices@newwestcity.ca.