



NEW WESTMINSTER

Volunteer Application for a City of New Westminster Commission, Committee or Board

2021 COMMUNITY MEMBER APPLICATION FORM

Thank you for your interest in serving the City of New Westminster through participation on a Commission, Committee, or Board. The commitment and dedication of community volunteers assists Council in the governance of the City and makes New Westminster a community where people choose to live, work and play.

Eligibility and Requirements

The City of New Westminster is committed to identifying and addressing issues faced by all members of our diverse community and neighbourhoods. The City's many Advisory Committees offer valuable volunteer opportunities to help shape policies and practices that are relevant to New Westminster residents. We encourage a broad cross-section of applicants that reflect the City's rich diversity, including persons with disabilities and those of different ages, income levels, gender identities, and backgrounds.

Application Criteria

- Applicants must not be employees of the City of New Westminster.
- Applicants must live in the City of New Westminster, except by special waiver from the Mayor, or in the case of Indigenous applicants.
- Applicants should be able to serve for the full term of the appointment.

Time Commitment

Time requirements vary among the Committees. Most Committees meet five times per year in the day or evening for two to three hours; however, some Committees meet once per month. In general, Committees do not meet in July, August or December.

Remuneration

As these are volunteer positions, Committee members serve without remuneration.

Application Process

- Carefully review the description of the Commissions, Committees and Boards, and identify the **top three** that interest you.
- If applicable, indicate on your application form if you wish to be considered for a position other than Community Member. Specialized roles may be found in the Terms of Reference.
- Complete the attached application form by typing or hand printing. Please be as concise as possible when filling out your application.
- Attach a resumé.

Applications should be marked to the attention of Committee Clerk.

Please submit applications via any of the following methods:

Apply Online: www.newwestcity.ca/committees

Email to: committees@newwestcity.ca

Fax to: 604-527-4594

Mail or hand deliver to: Committee Clerk, Legislative Services
City of New Westminster
511 Royal Avenue
New Westminster, BC V3L 1H9

How Appointments are Made

All appointments are made by City Council in January. Appointments may be for one or two year terms, except where otherwise indicated. Terms are from February 1st to January 31st, except where otherwise indicated.

All applicants will receive a letter from Legislative Services once the appointments have been made.

NOTE: Copies of all applications will be made available to New Westminster City Council, City staff and New Westminster Public Library staff, if applicable, for the sole purpose of making appointments and communicating to the Commissions, Committees and Boards. Your information is collected under the authority of the *Freedom of Information and Protection of Privacy Act* for this purpose and for contacting appointed persons with information regarding meetings.

For additional information, please contact Legislative Services via one of the following:

Phone: (604) 527-4523

Email: committees@newwestcity.ca

City of New Westminster website: <https://www.newwestcity.ca/committees>



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(Please Type or Clearly Hand Print)

Applicant Information

Title: Mr. Mrs. Ms. Dr. Other: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Postal Code (mandatory): _____

Phone – Residence: _____ Phone – Business: _____

Phone – Cell: _____ Email: _____

Occupation: _____

Employer: _____

Neighbourhood (Please select the area of the City you live in):

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Brow of the Hill | <input type="checkbox"/> Connaught Heights | <input type="checkbox"/> Downtown |
| <input type="checkbox"/> Glenbrooke North | <input type="checkbox"/> Massey Victory Heights | <input type="checkbox"/> Moody Park |
| <input type="checkbox"/> Quayside | <input type="checkbox"/> Queensborough | <input type="checkbox"/> Queen’s Park |
| <input type="checkbox"/> Sapperton | <input type="checkbox"/> Victoria Hill/Ginger Drive | <input type="checkbox"/> West End |

Confidential Voluntary Diversity Information (Optional)

The City of New Westminster has a core value of inclusion and recognizes that the City is best served by Commissions, Committees and Boards which reflect the diversity of the community. You are encouraged to complete this confidential diversity questionnaire. This information is used to help the City in achieving and measuring its objectives for access, equity, and diversity. The Legislative Services Department will report on the results of these responses in summary form only and will keep all information confidential.

What is your age?

- Under 18 18-34 35-54 55-65 66+ I prefer not to say

What is your gender identity?

- Female Male Transgender Non-Binary Two-spirit
 None of the above, I identify as: _____ I prefer not to say

What is your sexual orientation?

- Heterosexual Bisexual Homosexual
 None of the above, I identify as: _____ I prefer not to say

What are the ethnic origins of your ancestors (family roots or cultural background, not to be confused with citizenship, nationality or religious affiliation)? For example: Indigenous/First Nations, African/Caribbean, East Asian (e.g. Chinese, Korean, Japanese, Taiwanese), Eastern European, Latin American/Hispanic, Middle Eastern (e.g. Arab, Persian, West Asian), South Asian (e.g. Indian, Pakistani), Southeast Asian (e.g. Filipino, Thai, Indonesian), Southern European, Western European/Northern European, etc.

- None of the above, I identify as: _____ I prefer not to say

Are you a recent immigrant (i.e. moved to Canada within the past five years)? Yes No

What is the primary language spoken in your home?

- English French Punjabi Tagalog Cantonese Mandarin Korean
 Spanish Romanian Russian Other (please specify) _____

Do you have a health condition (either permanent, temporary or episodic) and/or disability that affects your daily activities (e.g. visual or auditory disabilities, difficulties walking, cognitive difficulties, chronic illness, mental health condition, etc.)?

- Yes No I prefer not to say

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 I prefer not to say

Do you rent or own your home?

- Rent (includes co-op) Own I prefer not to say

Commission/Committee/Board Relevant Information

Please indicate up to three Commissions, Committees or Boards that you wish to be considered for (in order of preference):

- 1. _____
- 2. _____
- 3. _____

Please indicate the specialized role* (other than Community Member) that you wish to be considered for on any of the above-listed Commissions, Committees, or Boards.

*For more information on the specialized roles, please consult the [Vacancies List](#) and [Terms of Reference](#) (on the City's website) for the specific Commission, Committee or Board.

Have you previously been a member of a Commission, Committee or Board for the City of New Westminster?

- Yes No

If Yes, which Committee(s) and year(s)? _____

Resumé attached?: Yes No

What skills and goals will you bring to the Commission/Committee/Board?

Please provide a brief summary of your work and educational background of the past five years:

Please indicate your community and volunteer activities of the past five years:

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

- | | |
|---|--|
| <input type="checkbox"/> City Website | <input type="checkbox"/> Social Media (Twitter, Facebook, Instagram) |
| <input type="checkbox"/> Email from Committee Clerk | <input type="checkbox"/> Newspaper Advertisement |
| <input type="checkbox"/> Professional or Community Organization | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Word of Mouth | |
| <input type="checkbox"/> Other: _____ | |

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 Commissions, Committees or Boards, and, if I am appointed, for contacting me regarding meetings and sending information.

Signature of Applicant

Date (MM/DD/YYYY)

Note: This information 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 Community Member Application. Should you have any questions about the collection of this personal information please contact the Freedom of Information Coordinator, 511 Royal Avenue, New Westminster, V3L 1H9, 604-515-3828.