

Please send applications to cscoordinator@bonaccord.ca or drop off at the Town of Bon Accord.

Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Occupation: _____

Employer: _____

Applicable education/business/work experience: _____

Applicable community involvement and/or other volunteer activities: _____

☐ I agree that my name and qualifications may be shared in a public meeting for the purpose of evaluating my application. I further agree that I am voluntarily applying to be part of the Dark Sky Ad Hoc Committee for the Town of Bon Accord and have been made aware of the responsibilities this role requires.

The information collected on this form is authorized under Section 4(c) of the Protection of Privacy Act (POPA). It will be used to process Dark Sky Ad Hoc Committee applications for the Town of Bon Accord. If you have any questions about the collection and use of the information, contact the Bon Accord Public Library Board at 5025 - 50th Avenue, Bon Accord, AB, T0A 0K0 or by calling (780) 921-2540.

Applicant Signature

Date