



Medicine Hat
The Gas City

2022 APPLICATION FORM

Advisory Boards and Commissions

Name of Board or Commission:			
Name:			
Address:		Postal Code:	
Home #:		Work #:	
		Cell #:	
Email:			
Note: You may include your resume or separate attachments for additional information.			
Work Experience:			
What skills could you bring?			
Involvement in community/other activities (if applicable), including in Medicine Hat or elsewhere:			
Other comments:			

FREEDOM OF INFORMATION & PROTECTION OF PRIVACY ACT

Pursuant to s. 33 (c) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an operating program or activity of the City of Medicine Hat. The City of Medicine Hat must collect personal information directly from the individual that the information is about unless another method of collection is authorized by the individual or by an enactment of Alberta or Canada. The personal information provided will be protected under Part 2 of the Freedom of Information and the Protection of Privacy Act and will be used for administering the selection and management of members of City Council's Boards, Agencies, Commissions & Committees. Questions regarding the collection and use of personal information can be directed to the FOIP Head at 403.529.8234.

If appointed, I authorize that the following personal information may be made public:

Name:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence address:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence phone number:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Cell Phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Business phone number:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
E-mail address:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Date:	
Signature:	

- **LIBRARY BOARD APPLICANTS: COMPLETE AND ATTACH APPENDIX "A" CONSENT FORM**
- **POLICE COMMISSION APPLICANTS: COMPLETE APPENDIX "B" CONSENT FORM AND PRESENT TO POLICE SERVICES WHEN YOU REQUEST A RECORDS SEARCH. SUBMIT THE RESULTS OF THE SEARCH ALONG WITH YOUR APPLICATION.**

Return application to:

**Angela Cruickshank, City Clerk
Third Floor, City Hall
580 First Street SE
Medicine Hat, Alberta T1A 8E6**

**Phone: 403.529.8234 or
403.529.8221
Fax: 403.529.8324
Email: clerk@medicinehat.ca**



**SUPPLEMENTAL TO YOUR APPLICATION TO THE
MEDICINE HAT PUBLIC LIBRARY BOARD**

As per Library Board Policy, all applications for the above Board are to be reviewed by the current Board members for recommendation to City Council.

Members of Council take these recommendations into consideration when reviewing applications. However, they are responsible for making the final decision on whom to appoint.

The Freedom of Information and Protection of Privacy Act requires your authorization for the City Clerk Department to submit your application as noted above.

I hereby authorize the City Clerk Department to provide a copy of my application to the Medicine Hat Public Library Board for review and consideration.

Printed Name

Signature of Applicant

Date



PRESENT THIS FORM TO POLICE SERVICES WHEN YOU REQUEST A RECORDS SEARCH

_____,
 LAST NAME

FIRST NAME

 MIDDLE NAME

DATE OF BIRTH (M/D/Y): _____

CONSENT TO RELEASE OF INFORMATION CONCERNING MY APPLICATION FOR:

Member of the City of Medicine Hat Police Commission

I consent to a search of records held by police services, law enforcement agencies within Alberta and outside Alberta, and government agencies within Alberta and outside Alberta for the purposes of conducting a background check. I understand that as a result of giving this consent I am authorizing any police services, law enforcement agencies within Alberta and outside Alberta, and government agencies within Alberta and outside Alberta to share any and all information with the Medicine Hat Police Service, Medicine Hat Police Commission and Municipal Council of the City of Medicine Hat for the sole purpose of determining my suitability to be a member of the Medicine Hat Police Commission.

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to the Medicine Hat Police Service, Medicine Hat Police Commission and the City of Medicine Hat Council.

 Signature of Applicant

 Date