



COLUMBIA SHUSWAP  
REGIONAL DISTRICT

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

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

**Thank you for your submission**

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

**Expressions Of Interest Will Be Accepted Until 4 PM Tuesday, December 18, 2018**

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](mailto:inquiries@csrd.bc.ca)