Audit Working Committee Community Representative Application Form

Chilliwack School District

VOLUNTEER COMMUNITY
REPRESENTATIVE APPOINTMENT TO
AUDIT WORKING COMMITTEE

This application form is to support broad community representation membership for the **Audit Working Committee**.

Please type or print clearly when completing the form. You may attach your resumé or any other information indicating why you feel you would be a strong committee member. These are volunteer positions that require you to be available for meetings at the district office on weekday afternoons starting at 3:30pm for approximately two (2) hours, at least four (4) times a year for a term of two years.

NAME: _____ PHONE NO: (RES) _____

ADDRESS: _____ (BUS) _____

_____ E-MAIL: _____

POSTAL CODE: _____ COMMITTEE NAME: Audit Working Committee

LENGTH OF TIME YOU HAVE RESIDED IN CHILLIWACK: _____ OCCUPATION: _____

EMPLOYER: _____

APPLICABLE EDUCATION/BUSINESS/WORK EXPERIENCE:

APPLICABLE COMMUNITY INVOLVEMENT AND/OR OTHER VOLUNTEER ACTIVITIES:

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN BEING ON THE AUDIT WORKING COMMITTEE?

PLEASE PROVIDE TWO (2) PROFESSIONAL REFERENCES.

NAME:	**PHONE NUMBER:**	**EMAIL ADDRESS:**

The personal information in this application is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection of this information, please contact the Secretary-Treasurer's Office at 604.792.1321.

☐ I am not an employee or board member of an organization receiving funding from the Chilliwack School District.

☐ I will be available for meetings between the hours of 3:30pm and 5:30pm

Please return this form to the:
Secretary-Treasurer's Office
8430 Cessna Drive
Chilliwack, B.C.
V2P 7K4

or by email to communications@sd33.bc.ca
By 12:00 pm, October 1, 2026

_____
(Signature of Applicant)

_____
(Date)