



OCC- Working Group Application

Office of the
City Clerk

City of St. John's Working Group Application

General Information

SECTION 1

Full Name _____

Full Mailing Address _____

Telephone (Primary) _____ Telephone (Secondary) _____

Email Address _____

Name of Organization (if applicable) _____

Organizational Sector (if applicable) _____

Profession/Job Title (if applicable) _____

Please Indicate in which capacity you are interested in serving on a City of St. John's Working Group:

Resident

Organization

Note: If you are representing an organization, a letter of endorsement must be provided by the organization being represented.

Are you currently, or have you previously been, a member of any City of St. John's committees or boards? If so, please list the committee name(s) and your date(s) of service:

Please indicate the Working Group on which you would like to serve and the organization you represent:

Affordable Housing Working Group

Canadian Home Builder's Association

Newfoundland and Labrador Housing

End Homelessness St. John's

Community sector involved in housing solutions

Canada Mortgage and Housing Corporation

Provincial sector involved in housing solutions

Para Transit Working Group

City of St. John's

Eastern Health

City of Mount Pearl

Accessibility and Inclusion Advisory Committee

Department of Advanced Education & Skills

Public member who is a user of the service, or a caregiver

Note: Please include any relevant certification and accreditations with your application

Questions (feel free to attach a resume with your application)

SECTION 3

Based on the purpose of the Working Group outlined in the terms of reference, why would you like to serve on this Working Group? What aspects of the Working Group's purpose are of interest to you?

Tell us how your knowledge, skills, and abilities make you an ideal candidate to serve on this Working Group.

Please provide your previous/current work, community service, or other volunteer activities and interests that may be related to the purpose of the Working Group.

What else can you tell us about yourself or your organization that supports your application?

Application Information

SECTION 4

Eligibility

Preference will be given to residents of St. John's. Organizational representatives will have a connection to the purpose of the Working Group. Exceptions may be made by the selecting body as appropriate.

Commitment to Equity and Inclusiveness

The City of St. John's is strongly committed to equity and inclusiveness. In selecting Working Group members, the City will aim to design processes that are transparent, accessible, free of discrimination and seek to remove barriers for disadvantaged groups including: young people (ages 18-30), senior citizens, women, Aboriginal people, members of LGBTQ community, persons with disabilities, and members of visible minorities.

Selection Information

In addition to eligibility requirements, the specific skills and experiences of an applicant will be important factors in Working Group selection. While all residents who meet the Eligibility Requirements are encouraged to apply, those who have demonstrated experience with groups or initiatives that have goals consistent with the Working Group's purpose, as outlined in its [Terms of Reference](#), will be given preference.

Working Groups are only one way the City engages with residents. Where applicable the City also uses other tools to gain perspectives and input.

For more information on public engagement in the City of St. John's and to find out how to get involved or learn about what's coming up, check out the engagement page on the City's website or check out the City's [Engage! St. John's](#) online engagement community and connect with us on [Twitter](#) and [Facebook](#).

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Reference Information (must be non-family members)			SECTION 5
Reference #1:			
Name _____			
Occupation/Job Title _____		Relationship to Applicant _____	
Primary Phone _____		Secondary Phone _____	
Email _____			
Reference #2:			
Name _____			
Occupation/Job Title _____		Relationship to Applicant _____	
Primary Phone _____		Secondary Phone _____	
Email _____			
Declaration			SECTION 6
I agree that in the event of an emergency, City of St. John's staff will take appropriate action for the above named Working Group member.		<div style="display: flex; justify-content: space-around; width: 100%;"> Yes No </div>	
I give permission to use photographs, of the above-named volunteer, in any professional materials (i.e. print, website, television). I fully understand that there will be no compensation paid for use of the photograph. As well, the City of St. John's has permission to change the image (i.e. by cropping or digital manipulation).		<div style="display: flex; justify-content: space-around; width: 100%;"> Yes No </div>	
I hereby acknowledge that City of St. John's Working Group members may be entrusted with sensitive and private information. I hereby undertake neither to divulge any of the knowledge, nor to discuss it at any time or any place or with unauthorized persons whether during my time with the City of St. John's or thereafter. I hereby acknowledge that I fully understand the above and that a breach of this understanding may result in my suspension or dismissal as a Working Group member.		<div style="display: flex; justify-content: space-around; width: 100%;"> Yes No </div>	
I hereby waive and release all rights and claims for damages against the City of St. John's and their employees and agents for all injuries, which may be sustained, by the herein named minor or myself while attending Working Group meetings.		<div style="display: flex; justify-content: space-around; width: 100%;"> Yes No </div>	

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Declaration continued		SECTION 6			
I give permission for the City to publish/post my name on any documentation associated with this Working Group including the City's web page.	Yes	No			
Applicant Signature _____ Date _____					
Additional Information		SECTION 7			
<p>Those who are selected to serve on City Working Groups will be notified by email. Form submissions will be kept on file for up to two years and reviewed to find replacements if Working Group vacancies open.</p> <p>ENSURE THAT YOU HAVE COMPLETED ALL SECTIONS AND ENCLOSED ALL REQUESTED DOCUMENTATION. INCOMPLETE APPLICATIONS WILL BE CONSIDERED INELIGIBLE.</p> <p>INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM:</p> <ul style="list-style-type: none"> • Save the blank PDF form onto your computer. You must have Adobe Reader® software. It is available free online for download if you do not already have it on your computer. • Type your information into the form. You may find it helpful to type the information into a Word document first and then cut and paste it into the PDF form. • Print out the completed PDF application. This form may NOT let you save the information you entered. (i.e. only the blank form can be saved). We recommend you make a copy for your records. 					
Privacy Notice		SECTION 8			
<p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process your Working Group Application. Questions about the collection and use of the information may be directed to the Office of the City Clerk, cityclerk@stjohns.ca or 576-8620</p>					
<table border="0"> <tr> <td style="vertical-align: top;"> Please send completed form to: </td> <td style="vertical-align: top;"> Office of the City Clerk City of St. John's Fourth Floor, City Hall Via email: cityclerk@stjohns.ca Via fax: 709-576-8474 </td> <td style="vertical-align: top;"> For more information: Call: (709) 576-8620 </td> </tr> </table>			Please send completed form to:	Office of the City Clerk City of St. John's Fourth Floor, City Hall Via email: cityclerk@stjohns.ca Via fax: 709-576-8474	For more information: Call: (709) 576-8620
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ST. JOHN'S

NEWFOUNDLAND AND LABRADOR, CANADA