



COMMUNITY WELLBEING & SAFETY STRATEGY

APPLICATION FORM

Applicant Information:

Legal Name:

Pronouns and Titles:

Email:

Phone:

Why are you interested in serving on the CWSS ADVISORY COMMITTEE? What particular skills and perspectives would you bring to this committee?

Are you a resident of the City of Lethbridge?

Yes No

Conflict of Interest:

To ensure procedural fairness, committee members may need to abstain from participating in any matters in which they or their families, friends, or businesses have a real or perceived financial or personal interest in the outcome of deliberations. Are you aware of any potential conflict of interest or perceptions of bias which may arise from your personal or financial interests or those of your family, friends or businesses while serving on the CWSS ADVISORY COMMITTEE? If so, please indicate any potential conflicts:

Committee Commitment:

Are you able to commit to the required minimum three (3) hours per month required for meeting attendance towards the CWSS ADVISORY? Please be advised that you may be requested to contribute additional time outside of the three-hour meetings per month.

Yes No

Membership Competencies:

The CWSS ADVISORY COMMITTEE plays a critical role in providing social funding allocation recommendations to City Administration and City Council. Experience or background in areas such as:

- leadership,
- municipal government/public administration,
- board governance,
- verbal and written communication skills,
- strategic planning,
- budget planning/financial literacy,
- City strategies, such as the Community Wellbeing & Safety Strategy (CWSS);
- human resources,
- knowledge of intersectional wellbeing factors;
- cultural competency of local Indigenous ways of knowing/knowledge of Indigenous leadership and governance,
- diversity, equity and inclusion (DEI) principles.

Employment Experience (Pertaining to any skills or experience relevant to this application):

Educational Background (Pertaining to any skills or experience relevant to this application):

How do you understand social wellbeing? What will you bring to the table to ensure community wellbeing factors are considered within the CWSS ADVISORY COMMITTEE'S decision-making?

Additional Comments:

Please use this space to add additional information that may support your application.

Please attach this application with any other supporting documents and submit to CWSS@lethbridge.ca

You may visit our website for a copy of the application, as well as additional information regarding the CWSS Advisory Committee at <https://www.lethbridge.ca/living-here/Our-Community/Pages/Community-Wellbeing-and-Safety-Strategy.aspx>

For further information on this opportunity, please contact cwss@lethbridge.ca

All candidates are thanked in advance for their interest. However, only individuals selected for interviews will be contacted.

<i>Name and Title (please print)</i>	<i>Authorized Signature</i>	<i>Date (mm/dd/yyyy)</i>

This information is being collected for processing applications to the CWSS ADVISORY COMMITTEE, an Administrative Committee of the City of Lethbridge and will be used in determining nominations for membership. This information is collected under Section 33 of the Freedom of Information and Privacy Act. If you have questions regarding the collection or use of this information, please contact the City of Lethbridge's FOIP Coordinator through Lethbridge 311.