

# Lakehead OPP Detachment Board

## Community Representative Application

APPLICANT INFORMATION	
<b>First Name:</b>	<b>Last Name:</b>
<b>Address</b> <i>(include house number, street, city, postal code):</i>	
<b>Permanent Address if different than above</b> <i>(include house number, street, city, postal code):</i>	
<b>Primary Tel:</b>	<b>Email:</b>
<b>I confirm that I am (check all that apply):</b>	
<input type="checkbox"/> A resident (permanent or seasonal) of one of the following seven (7) communities Conmee Township, Gillies Township, Kiashke Zaaging Anishinaabek First Nation (Gull Bay), Lac Des Mille Lacs First Nation, Municipality of Neebing, O'Connor Township, or the Municipality of Shuniah.	
<input type="checkbox"/> 18 years of age or older	
<input type="checkbox"/> Able to pass a criminal police record check	
<b>I am available to attend meetings during the (select one):</b>	
<input type="checkbox"/> Day or Evening	
<input type="checkbox"/> Day Only (between 9 am and 5 pm)	
<input type="checkbox"/> Evening Only (between 6 pm and 9 pm)	
<b>SKILLS AND EXPERIENCE</b>	
If more space is required, please attach additional page(s).	
<b>Have you served on a municipal board, committee or similar group before? If yes, please briefly outline your experience</b>	

**SKILLS AND EXPERIENCE** *(continued)*

**Briefly state why you are interested in serving on an OPP Detachment Board and any experience with policing services.**

**Briefly explain how your appointment to the OPP Detachment Board would benefit your community/municipality.**

**Briefly provide any lived experience or activism related to inclusion, diversity, equity and anti-racism.**

**SKILLS AND EXPERIENCE** *(continued)*

**Briefly outline educational background, volunteer and work experience.**

You may attach a copy of your resume, if you choose.

**Please share any other experiences or information that would be helpful in making a decision to appoint you to the board.**

**Acknowledgement**

By submitting this form, I acknowledge and consent to the following:

- The facts set forth in this application are true and complete to the best of my knowledge. I understand that false statements in this application are sufficient cause to reject the application or to terminate my appointment;
- I understand committee/board members are subject to the policies and procedures to be established for the Lakehead OPP Detachment Board;
- I understand appointed members are expected to attend all meetings of the board;
- All meetings are open to the public and membership is publicly appointed based on qualified candidates selected from a publicly advertised notice of interest to serve;
- Names of members appointed to the boards will appear publicly on the website and on agendas and minutes; and
- If selected to be a member of the board, I agree to abide by the rules of the board, the code of conduct, and to attend meetings and events to the best of my ability.

**Signature:**

**Date:**

*The information collected in this form will only be used for the purposes of the 'OPP Detachment Board Application.' If at any time you do not wish to continue, you are under no obligation to participate. Participation in this application form is voluntary. Information gathered as part of this application process is done so under the authority of Section 28 of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).*