

## **Community Asset Committee - Nomination Form**

I would like to nominate for membership on the Rural City of Wangaratta, Community Asset Committee:

(Please insert name of Committee you are nominating for)

First Name			Last Name		
Postal Address					
Town/City				Postcode	
Phone ( <i>H</i> )		Phone (W)		Mobile	
E-Mail					

1. What has motivated you to apply for a position on the Committee?

If space is insufficient, please attach supporting documentation

2. Wha	t experience or skills do you have?	(please tic	k as applicable)	
	Ground maintenance		Secretarial	
	Cleaning		Financial	
	Trades person		Leadership	
	Fundraising		Grant writing	
	Physical labourer		Community interest/volunteer	
	Specialist skills		Other	
Please provide details of experience for the areas that you have ticked above.				

If space is insufficient, please attach supporting documentation



I have read the Instrument of Sub-Delegation of Community Asset Committees and agree to abide by the roles and responsibilities outlined therein if I am appointed to the Committee.

I further declare that I have not been:

- Convicted of any indictable offence;
- Convicted of fraud;
- Disqualified from acting as a director or acting in the management of a company; and

am not facing court proceedings for any criminal proceedings, including bankruptcy.

Signed	Date	/	/20	

## **User Group Representative Only**

If you are nominating as a User Group Representative please provide the name of the group and request the Authorised Officer to co-sign your nomination.				
Name of Group				
User Group Authorised Officer				
Name				
Signature		Date	/	/20

Please return this Nomination Form to:

Community & Recreation Officer Rural City of Wangaratta PO Box 238 Wangaratta VIC 3676 or

Email: <a href="mailto:recreation@wangaratta.vic.gov.au">recreation@wangaratta.vic.gov.au</a>