



HRVA

Sub Regional Committee

Application Form

NAME OF COMMITTEE		
Hazard, Risk and Vulnerability Analysis (HRVA)		
Position you are applying for on Committee:		
CANDIDATE'S INFORMATION		
Name of Applicant:	Please Print	
Address:	Street Address/Town/Province/Postal Code	
Phone:	Home	Cell
Email:		
QUALIFICATIONS OR RELATED KNOWLEDGE/EXPERIENCE		

REASON FOR SEEKING APPOINTMENT	
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I, _____, hereby signify that I am willing to accept an appointment to the Committee names herein, should I be appointed to such by the RDOS Chair and Board.	
Signature	Date

Please submit completed applications to admin@oliver.ca or deliver to Municipal Hall. If you have any questions, please call 250 485 6200.

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Corporate Services
6150 Main Street, Oliver, BC V0H 1T0
Phone: 250 485 6207
admin@oliver.ca