



3. Did you previously serve on the 2016 PSS Reunion Committee or on a Town Board or Town Committee? Yes  No   
If yes, indicate the name of the Committee and the years of service if a Town Committee:

---

---

---

4. Did you attend PSS and if so which years?

---

---

5. Did you work at PSS and if so which years?

---

---

Résumé Included:    Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature of Applicant:
Date:	

**NOTE that the number of Committee Members appointed will be limited and selection will strive to achieve a cross representation of skills, experiences, and demographics.**

Return completed form to:  
Sherry Desjardins,  
Director of Recreation and Community Services  
Town of Penetanguishene  
10 Robert Street West  
P.O. Box 5009  
Penetanguishene, Ontario  
Email: [sdesjardins@penetanguishene.ca](mailto:sdesjardins@penetanguishene.ca)

For further information about this project, please visit [ConnectPenetanguishene.ca](http://ConnectPenetanguishene.ca) , call (705) 549-7453 , Ext. 216 or email the above noted contact.

**Personal information collected will be used in accordance with *the Municipal Freedom of Information and Protection of Privacy Act* for the purpose of considering appointments to the Town of Penetanguishene's Committees. The name, address and contact information of successful applicants will be disclosed to the relevant Committee. Questions about this collection should be directed to the Clerk of the Town of Penetanguishene.**

<b>Office Use Only</b>
Date Received:
Reviewed by: