



## **Older Adult Advisory Panel (OAAP)**

### **Application Form – Application deadline date, December 31, 2016.**

Name:

Address:

Postal Code:

Home Phone:

Alternate Phone:

Email Address:

**Please highlight why you would like to be part of the Older Adult Advisory Panel and why you feel being part of this Panel is a good fit for you?**

**Please provide any relevant community, volunteer, employment experience (attach a resume if relevant):**

Our process for selection of panel members includes, applications will be reviewed by a selection committee. You may be contacted for additional information and all applicants will be notified of the outcome of your application.

(Continued next page)

(OAAP Application continued)

1. The Older Adult community panel members must be 55 years of age or older. Are you eligible? Yes\_\_\_\_\_ No\_\_\_\_\_
2. Are you currently a member of a City of Mississauga appointed committee or group? Yes\_\_\_\_\_ No\_\_\_\_\_
3. Are related to any city staff members? Yes\_\_\_\_\_ No\_\_\_\_\_
4. Are you a permanent resident of the City of Mississauga? Yes\_\_\_\_\_ No\_\_\_\_\_
5. Participation on this panel will require a commitment of your time for attending meetings and other panel tasks. There will be minimally six (6) annual meetings, every two months. Are you able to commit to this requirement? Yes\_\_\_\_\_ No\_\_\_\_\_

**Privacy Information and signature**

Personal information on this form will be used to assist the selection committee in selecting OAAP panel members and is collected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. The Selection Committee reserves the right to request and check references and verify information contained on this form. By signing and submitting this application form, you are consenting to the release of the information provided, including any attachments.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Mail: Community Development Coordinator, Older Adult  
201 City Centre Drive, Suite 900,  
Mississauga, ON L5B 2T4

Email: [older.adults@mississauga.ca](mailto:older.adults@mississauga.ca)

Fax: (905) 615-3469, Attention: Older Adult

**(For Selection Committee Use)**

- |   |            |
|---|------------|
| <input type="checkbox"/> Application reviewed by the selection committee.             | Date _____ |
| <input type="checkbox"/> Additional information requested by the selection committee. | Date _____ |

Action taken by the committee:

- |   |             |
|---|-------------|
| <input type="checkbox"/> Applicant accepted to panel and notified | Date: _____ |
| <input type="checkbox"/> Applicant declined and notified          | Date: _____ |