

Community Reference Group

Application Form

First Name:

Surname:

Address:

Phone:

Email:

CRG Membership

As a resident of Kalgoorlie-Boulder, what community issues are most important to you?

Which community interest areas do you think you represent? (*Please tick all that apply*)

- | | | | | | | | | | |
|------------|--------------------------|---------|--------------------------|----------------|--------------------------|---------|--------------------------|-----------|--------------------------|
| Education | <input type="checkbox"/> | Seniors | <input type="checkbox"/> | Environment | <input type="checkbox"/> | Tourism | <input type="checkbox"/> | Health | <input type="checkbox"/> |
| Indigenous | <input type="checkbox"/> | Sports | <input type="checkbox"/> | Local Business | <input type="checkbox"/> | Arts | <input type="checkbox"/> | Community | <input type="checkbox"/> |

Member Details

Please tell us why you think you would be a valuable contributor to the KCGM Community Reference Group (CRG)?

What is your understanding of the role of the KCGM Community Reference Group (CRG)?

What participation and committee experience do you have in volunteering and community groups?

Can you commit to attend meetings and be available when required by the CRG or community to participate as a CRG member?

Do you have any actual, potential, or perceived conflicts of interest to declare in applying for the CRG?

Consent

- I have read and understood the information contained in the CRG Guidelines;
- I consent to the personal details provided in my attached application being used and disclosed by the KCGM CRG;
- I consent to my photo being used.

Signed: _____

Date: _____

Please attach a resume, biography and other documents that may be relevant to your application.

Thank you for taking the time to complete this application form

Please return completed application forms to:

KCGM External Relations Advisor

PMB 27

Kalgoorlie WA 6433

Ph: 9022 1663 or email: knelson@kalgold.com.au