



# VILLAGE OF KINGSTON APPLE BLOSSOM LEADERSHIP CANDIDATE APPLICATION FORM

## Personal Information

Name \_\_\_\_\_  
First Middle Last

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

\*must be 18 by May 1 or not more than 23 by Dec 31, 2020 \*please attach copy of birth certificate

## Parent/Guardian

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

## Contact Information

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (Home): \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

## Education

**High School** \*Please attach copy of graduation certificate

Name of School \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Activities/Awards \_\_\_\_\_

**Secondary Education** \*Please attach copy of degree/diploma/certificate if complete

Name of School \_\_\_\_\_

Program \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Employment

Name of Employer \_\_\_\_\_

Position \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Career Goals/ Future Aspirations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies & Interests

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Photograph

Please attach a 4x6 or 5x7 colour photograph of yourself that you authorize the Kingston Apple Blossom Committee to use in print media.

I hereby acknowledge that I have read the Guidelines for the Leadership Candidate and agree to comply with the Guidelines, and that the information given above is correct.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Candidate Signature

For more information please call the Kingston Village Office at **765-2800** or email us at **info@kingstonnovascotia.ca**