



PLEASE PRINT

CC-1044

Office of the City Clerk

**THE VP FOUNDATION INC. (VICTORIA PARK)**

(Deadline for applications - Friday, March 11, 2016 - 4 p.m.)

DESCRIPTION OF THE VICTORIA PARK (VP) FOUNDATION INC.

**SECTION 1**

The VP Foundation Inc. is being established for the primary purpose of leading the development and implementation of fundraising programs (including sponsorship programs, donor development and related fundraising programming) to support the implementation of the Victoria Park Revitalization Plan adopted by Council in 2015. The City of St. John's has committed to a 50/50 matching fund contribution with an estimated budget for the Revitalization Plan being \$3 million.

The VP Foundation Inc. has been incorporated with the Government of Newfoundland and Labrador Corporations Act.

To be eligible as a director of the Foundation, applicants must be age of majority, (19 years) and a Canadian citizen.

Directors of the Foundation shall serve in a volunteer capacity and may not receive remuneration or honoraria for work undertaken on behalf of the Foundation.

CONTACT INFORMATION

**SECTION 2**

Name (in full) \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address (if different from street address)

Street \_\_\_\_\_ P.O. Box \_\_\_\_\_

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_ Ward \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email \_\_\_\_\_

INTEREST/AFFILIATION

**SECTION 3**

Based on the description of the Foundation, please provide a few statements about why you are interested in being considered as a member of The VP Foundation.

INTEREST/AFFILIATION (cont'd)

SECTION 6

Have you had experience working on a committee, foundation or board? If so, please describe your role.

Please provide any additional information about why you have an interest in becoming a director to The VP Foundation Inc. (You may attach additional information, e.g., resume, etc.)

REFERENCES (must be a non-family member)

SECTION 8

Name (in full) \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

DECLARATION

SECTION 9

I acknowledge that the information contained in this application is true to the best of my knowledge. I accept that the City of St. John's is not bound to accept any applicant.

Applicant Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date (yyyy-mm-dd) \_\_\_\_\_

**Please send completed form to:**

City Of St. John's  
Office of the City Clerk  
P.O. Box 908  
St. St. John's, NL A1C 5M2

**Or hand deliver to:** Office of the City Clerk  
Fourth Floor, City Hall - Office Hours: 9:00 AM – 4:30 PM

**Or email to:** [cityclerk@stjohns.ca](mailto:cityclerk@stjohns.ca)