BRITISH COLUMBIA | Vital Statistics Agency

# APPLICATION FOR MARRIAGE COMMISSIONER PROGRAM

| Community of: | Return this completed form no later than the closing date of: |
|---|---|
| **QUESNEL** | **MAY 15, 2020**<br>**NOTE: Email applications timestamped after the closing date, and mail applications postmarked after the closing date, are not considered.** |

**Instructions**: **Complete this form in your own handwriting. If you require additional space, complete your answers on a separate sheet of paper. Do not attach a résumé as your answers are vetted against a set of standards.**

| Last Name | First Name |
|---|---|
| Residential Street Address | |
| Mailing Address (if different from residential address) | |
| Telephone Number (include area code) | Email Address |

1. Do you have voice mail or an answering machine? ❒ Yes ❒ No

2. Do you own a computer? ❒ Yes ❒ No
   If yes, indicate your computer skill level: ❒ Advanced ❒ Intermediate ❒ Novice

3. Do you have internet access in your home? ❒ Yes ❒ No

4. How far is your home from the centre of your community? ❒ Less than 5 km ❒ 5 - 10 km ❒ Over 10 km

5. How many years have you resided in the posted community? _____

6. What is your current work status? ❒ Full-time ❒ Part-time ❒ Retired ❒ Retiring _____ Date

6 a). Have you previously held a Marriage Commissioner appointment in British Columbia? ❒ Yes ❒ No

If you work full-time or part-time, please provide your work schedule below:

7. What are your current or previous occupations and/or business activities?

- What memberships do you have and/or volunteer work do you perform?

- What aspects of your background do you think will assist you to perform this public service?

8. What interests you in the public service role of performing civil marriage ceremonies?

9. Are you prepared to perform marriage ceremonies, without reservation, for all couples as authorized by the Human Rights Code of British Columbia (e.g. race, colour, ancestry, place of origin, religion, marital status, family status, physical or mental disability, sex, or sexual orientation)?

❒ Yes ❒ No

10. Declare any affiliations, business or personal, that may be perceived as a conflict of interest, including those by immediate family members (e.g. bed & breakfast, flower shop, photography, restaurant or catering business).

11. When do you generally take vacation and what is the normal length of your annual vacation?

- If you take vacation between June and September, indicate the length of time.

❒ Less than 1 week ❒ 1 week ❒ 2 weeks or more ❒ Other _____

12. Do you speak any languages other than fluent English? ❒ Yes ❒ No
If yes, list the other language(s):

13. What mode of transportation would you use to get to and from a civil ceremony?

- Explain the reason for your choice of transportation if using a mode other than your personal vehicle.

## REFERENCES

1

Name _____

Address _____

Phone number (include area code) _____

2

Name _____

Address _____

Phone number (include area code) _____

## APPLICANT SIGNATURE

X _____ Signature

_____ Date

This information is collected by the Vital Statistics Agency under section 26(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to fulfill the requirements of the application process for the marriage commissioner program. Should you have any questions about the collection of this personal information, please contact:
Manager, Vital Statistics Agency, 250 952-2681, PO Box 9657 Stn Prov Govt, Victoria BC V8W 9P3.