



APPLICATION FOR MARRIAGE COMMISSIONER PROGRAM

Community of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">HOPE</div>	Return this completed form no later than the closing date of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">JULY 11, 2024</div> <p>NOTE: Email applications timestamped after the closing date, and mail applications postmarked after the closing date, are not considered.</p>
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Instructions: Please complete this form, print, sign and mail or email to the address listed on the Vital Statistics Agency's Marriage Commissioner website.

Last Name		First Name	
Residential Street Address			
Mailing Address (include Postal Code)			
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
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?			
<div style="display: flex; justify-content: space-around;"> Full-time Retired Part-time Retiring _____ <small>Date</small> </div>			
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?			

<p>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)?</p>	<p>Yes No</p>
<p>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).</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>11. When do you generally take vacation and what is the normal length of your annual vacation?</p> <p>_____</p> <p>_____</p> <p>If you take vacation between June and September, indicate the length of time.</p> <p style="text-align: center;"> <input type="checkbox"/> Less than 1 week <input type="checkbox"/> 1 week <input type="checkbox"/> 2 weeks or more <input type="checkbox"/> Other (specify) _____ </p>	
<p>12. Do you speak any languages other than fluent English?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the other language(s): _____ </p> <p>_____</p>	
<p>13. What mode of transportation would you use to get to and from a civil ceremony? if using a mode other than your personal vehicle, please explain the reason for your choice of transportation.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
REFERENCES	
1	<p>Name _____</p> <p>Address _____</p> <p>Phone number _____ (include area code)</p>
2	<p>Name _____</p> <p>Address _____</p> <p>Phone number _____ (include area code)</p>
APPLICANT SIGNATURE	
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <p>_____</p> <p>Signature</p> </div> <div style="text-align: center;"> <p>_____</p> <p>Date</p> </div> </div>	

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.