



INITIATIVE PETITION APPLICATION FOR CANVASSER REGISTRATION

PLEASE PRINT IN BLOCK LETTERS OR TYPE

★ MANDATORY

TITLE OF INITIATIVE Initiative to Allow Voluntary Formation of Twenty Charter Schools

★ NAME OF APPLICANT		
LAST NAME	FIRST NAME	MIDDLE NAME

★ HOME ADDRESS		
APT/UNIT #	BLDG #	STREET NAME

CITY/TOWN	POSTAL CODE	★ PHONE NO. ()
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This section will be used to confirm, update or create a voter record. It will be obscured and is not available for public inspection.

★ BIRTHDATE			B.C. DRIVER'S LICENCE
YEAR	MONTH	DAY	

★ MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)	POSTAL CODE
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PREVIOUS NAME (IF APPLICABLE)

PREVIOUS HOME ADDRESS (IF APPLICABLE)			
APT/UNIT #	BLDG #	STREET NAME	CITY/TOWN

EMAIL

I hereby apply for registration as a voter/canvasser and declare that:

- I am a registered voter, or I am applying for registration as a voter;
- I am a Canadian citizen;
- I am 18 years of age or older;
- I am not disqualified from voting;
- I will have been resident in British Columbia for at least six months before I begin canvassing;
- I will not, directly or indirectly, receive any pay or inducement for canvassing; and
- I will comply with the *Recall and Initiative Act* and Regulations.

This form is available for public inspection (according to section 168 of the *Recall and Initiative Act*). In addition to the personal information that will automatically be obscured from public inspection (identified above), I further request that the following information be obscured from public inspection.

★ SIGNATURE OF APPLICANT	★ DATE (YYYY/MM/DD)
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HOME ADDRESS	<input type="checkbox"/>
TELEPHONE NUMBER	<input type="checkbox"/>

WARNING: Signing a false statement is a serious offence and is subject to significant penalties.
[Section 162 of the *Recall and Initiative Act* and section 275 of the *Election Act*.]

★ NAME OF PROPONENT Robert Harvey Bray	
★ SIGNATURE OF PROPONENT	★ DATE (YYYY/MM/DD)

The information on this form is collected under the authority of the *Recall and Initiative Act* and the *Freedom of Information and Protection of Privacy Act*. It will be used to administer the initiative petition process and for voter registration purposes. If you have questions about the collection, use or disclosure of this information, contact the Elections BC Privacy Officer at 1-800-661-8683 or electionsbc@elections.bc.ca or PO Box 9275 Stn Prov Govt Victoria, BC V8W 9J6.

SEE SUBMISSION DETAILS AND GENERAL INFORMATION FOR CANVASSERS ON PAGE 2

CHIEF ELECTORAL OFFICE ONLY

EVENT NUMBER	APPL. REC'D (YYYY/MM/DD)	ACCEPTED (YYYY/MM/DD)	CANVASSER ID NUMBER
REASON REJECTED			REFERENCE NUMBER



INITIATIVE PETITION APPLICATION FOR CANVASSER REGISTRATION

General information for canvassers

When canvassing for signatures on a petition:

- the canvasser must carry the identification issued by the Chief Electoral Officer and must produce it, if requested to do so
- the canvasser must not knowingly make false or misleading statements about the petition or the subject of the petition
- the canvasser must not remove, cross out or interfere with any signature on a petition
- the canvasser must not use information obtained while canvassing for a purpose not intended by the *Recall and Initiative Act* or Regulations

The canvasser must ensure that persons who sign the petition:

- **sign only once**
- complete the petition in full - telephone numbers will be used for confirmation of signing
- sign in ink on the preprinted side of the petition sheets
- enter only one signature per petition line

A copy of the cover sheet issued by the Chief Electoral Officer must accompany the petition sheets during signature collection.

SEND TO

ELECTIONS BC

MAIL: PO Box 9275 Stn Prov Govt
Victoria, BC V8W 9J6

PHONE: 250-387-5305 / 1-800-661-8683 (toll-free)

TTY: 1-888-456-5448

FAX: 250-387-3578 / 1-866-466-0665 (toll-free)

EMAIL: electionsbc@elections.bc.ca

WEBSITE: www.elections.bc.ca