Volunteer Application Form

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| Name: | Telephone: |
| Address: | Email: |
| Emergency Contact Name: | Emergency Contact Telephone: |
| What type of Volunteer roles are you interested in? |
| Do you have any previous volunteering experience? Yes 🞏 No🞏If yes please give details: |
| Explain why you would like to become a Municipal Volunteer. Please include any skills or experience which would be of value to the community: |
| What is your availability to volunteer?Please include days, whether you have daytime/evening availability, if you go away for the winter etc. |
| Do you have any medical issues we should be aware of (e.g. heart condition, diabetes etc.)? Yes 🞏 No 🞏If yes, please explain: |
| Please provide any additional information which may be of assistance in the selection process: |

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act c.M56 s.29(2) and will be used to appoint citizen members to municipal boards, or committees. Information on this form will be disclosed to the public for candidate selection purposes. Questions about this collection should be directed to the Municipal Clerk.*