



## Committee Member Application Form

Name:	Telephone:
Address:	Email:
Emergency Contact Name:	Emergency Contact Telephone:
I am interested in participating as a volunteer on the following Committee(s):	
Do you have any previous volunteering experience?      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please give details (please include all previous committee memberships):	
Explain why you would like to serve on each of the Committees identified above. Please include any skills or experience which would be of value to the committee:	
Do any of your family members already serve on a committee? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>	
What is your availability to volunteer as a committee member? Please include days, whether you have daytime/evening availability, if you go away for the winter etc.	
Please provide any additional information which may be of assistance in the selection process:	

Applicant Signature:

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