The Corporation of the Municipality of Whitestone

Whitestone-Hagerman Memorial Public Library
VOLUNTEER APPLICATION

Name: _____ _____
(Surname) **(First Name)**

Address: _____

Telephone No.: _____ **Email:** _____

Any previous experience directly or indirectly to the Board's Mission Statement?

_____

_____

Why do you wish to be a member of this Board?

_____

_____

Name of Board Member who recommended you for this Board:

_____

Signature of Board Member who recommended you: _____

Please circle which meetings are best for you : daytime evening

I, _____ having read the attached Mission Statement for volunteer involvement on this Board, agree to provide proof of mandatory Accessible Customer Service Training and a Criminal Record Check for any involvement with children's programs prior to Council accepting my application as volunteer.

Signature: _____

Date: _____