The Corporation of the Municipality of Whitestone

Whitestone Seniors' Christmas Social Committee
VOLUNTEER APPLICATION

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

Address: _____

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

Any previous experience directly or indirectly to the Committee's mandate?

_____

_____

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

_____

_____

Name of Committee Member who recommended you volunteer for this Committee:
_____

Signature of Committee Member who recommended you: _____

Please circle which meetings are best for you: **daytime** **evening**

I, _____ having read the attached Terms of Reference and/or Mandate for volunteer involvement on this Committee, 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: _____