



**The Corporation of the Municipality of Whitestone**

**Whitestone Agricultural Advisory Committee  
VOLUNTEER APPLICATION**

Name: \_\_\_\_\_  
(Surname) (First Name)

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

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**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:** \_\_\_\_\_