



The Corporation of the Municipality of Whitestone

Maple Island Thrift Shop 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: \_\_\_\_\_