



**VOLUNTEER ADVISORY BOARD AND COMMITTEES
APPLICATION FORM**

Thank you for your interest in serving on a Township of Minden Hills Advisory Board/Committee.

Please select the Advisory Board/Committee you are interested in. If you are interested in more than one, please number in priority sequence.

Advisory Boards/Committees	
	Community Services Advisory Committee
	Cultural Centre Advisory Committee
	Events Advisory Committee
	Lochlin Community Centre Advisory Committee

1. Contact Information:

Last Name: _____ First Name: _____

Mailing Address: _____

Telephone No. _____ Email: _____

2. If you currently serve on a Minden Hills Advisory Board/Committee(s), please provide the name of the committee: _____

3. We would please ask that you:

a) Briefly detail any relevant work or educational experience that may be of significance to the needs of the Committee(s) you have selected.

b) Briefly detail any skills or interests that may also be of significance.

c) Briefly explain why you are interested in joining the Committee(s) you have selected.

- d) Please detail any relevant volunteer or Committee experience that may be of significance to the skills needed to be member of this Committee.

- e) Please tell us how you heard about the Committee volunteer opportunities at the Township of Minden Hills.

- f) Please provide two (2) references:

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Relationship: _____

Relationship: _____

- g) Please indicate your preferred days and hours:

Days: Monday, Tuesday, Wednesday, Thursday, Friday

Hours: Morning, Afternoon, Evening

The Township Accident Policy does not provided coverage for volunteers over 80. By signing the application form applicants are acknowledging their understanding and acceptance of the age restrictions (80+) related to the Township accident policy.

I represent that I am at least 18 years of age, have read and understand the application form, and am competent to provide the required information.

If I am under 18 years of age, I understand that I will provide parent/legal guardian consent at the end of this form.

Applicant Signature: _____ Date: _____

Parent/Legal Guardian Name (Please Print): _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Contact Information: _____

Please forward your completed Application Form to the Clerk's Department, Township of Minden Hills, 7 Milne Street, Minden, Ontario, K0M 2K0, email sprentice@mindenhills.ca or phone (705) 286-1260 extension 513.

Please note, if you are chosen to be a member of an Advisory Board/Committee, a Police Check will be required at no cost.

Personal information contained on this form is collected in compliance with the *Municipal Freedom of Information and Protection of Privacy Act* and will be used for the purposes of appointing members to the Township's Advisory Boards/Committee(s). Questions about the collection and use of this information should be directed to the Deputy Clerk, Vicki Bull, Township of Minden Hills, 7 Milne Street, Minden, Ontario, K0M 2K0 (705) 286-1260 ext. 515.