



## 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	
<input type="checkbox"/>	Community Services Advisory Committee
<input type="checkbox"/>	Cultural Centre Advisory Committee
<input type="checkbox"/>	Events Advisory Committee
<input type="checkbox"/>	Lochlin Community Centre Advisory Committee
<input type="checkbox"/>	Irondale Community Centre Advisory Committee
<input type="checkbox"/>	Planning and Development 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.

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

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

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

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

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- 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](mailto: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.