

Board Volunteer Application

PERSONAL INFORMATION:

FULL NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____ HOME PHONE: _____

CITY _____ ALTERNATE #: _____

EMERGENCY CONTACT: _____ PHONE #: _____

PERSONAL REFERENCES:

1.) NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

2.) NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

3.) NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

OTHER REQUIREMENTS:

Please submit:

- 1.) A Resume;
- 2.) A cover letter that indicates why you want to join the Shuswap Association for Community Living Board of Directors and the qualities you hope to bring;
- 3.) A current criminal record check. A form is available through the Associations Administration Office at 250.832.3885.

Signature: _____ Date: _____