MELVILLE
SASKATCHEWAN

BOARDS AND COMMISSIONS VOLUNTEER APPLICATION

NAME: _____

ADDRESS (Street & Box #): _____

_____

TELEPHONE NO(S): _____

E-MAIL ADDRESS: _____

BOARD FOR WHICH YOU WOULD LIKE TO VOLUNTEER:

_____

REASONS WHY YOU WOULD LIKE TO SERVE ON THE ABOVE MENTIONED BOARD:

TWO CHARACTER REFERENCES:
(Name & Phone #)

_____

_____

NOTE: Volunteers who are appointed to a Board or Commission may be required to provide a clear criminal record check. (There are no fees associated with a criminal record check for volunteers)

_____ _____

Signature Date