



20 Merritt Ave
 Chatham ON N7M 6G9
 Tel (519) 352-5633
 office@alcchatham.ca

Board Member Application

Please consider this my formal application to volunteer with the Active Lifestyle Centre in the following program:

- Board Member
 Other: _____

Last Name:		First Name:		<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.
				<input type="checkbox"/> Miss	<input type="checkbox"/> Ms.
				<input type="checkbox"/> Dr.	
Full Address (Including PO box number or Rural Route):			Postal Code:	How long have you lived in the area?	
Tel. (Home)		Tel. (Work)		E-mail:	
Tel. (Cell)					
Occupation:	Employer:	May we call you at work?		If yes, what would be the best time?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Volunteers must be older than 18 years old to volunteer on our Board of Directors. Are you older than 18 years? Yes No

Where did you hear about our agency/programs? Or about the Board of Directors

- | | | | | |
|---|--|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Social Media | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> Information Booth | <input type="checkbox"/> Special Event | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Always known | <input type="checkbox"/> Website |
| <input type="checkbox"/> Business/Corporate | <input type="checkbox"/> Former Little | <input type="checkbox"/> Presentation | <input type="checkbox"/> Other: _____ | |

Why do you want to become a volunteer?

Have you ever been or applied to be a volunteer with the Active Lifestyle Centre the past?

- Yes No

If yes, which agency and when?

Please list **any** previous volunteer experience:

References

Please print clearly and complete all sections fully.

Incomplete reference information may cause delays in processing your application.

Personal Reference (must have known the applicant for at least two years)			
Name:	Telephone Number:	E-mail	
Full Address			Postal Code
How long have you known this person?	In what capacity?		

Vulnerable sector Reference Please provide a reference(s) if you have worked with or volunteered with a person or organization responsible for the well-being of vulnerable persons who, because of their age, a disability, or other circumstances are at greater risk than the general population of being harmed by a person in a position of authority or trust relative to them.			
(If no volunteer or paid experience exists in the vulnerable sector within the last five years, <u>an employment reference is required.</u>)			
Name:	Telephone Number:	E-mail	
Full Address			Postal Code
How long have you known this person?	In what capacity?		

Significant Other (if no significant other exists, a family reference is required)			
Name:	Telephone Number:	E-mail	
Full Address			Postal Code
How long have you known this person?	In what capacity?		

I hereby give permission for Active Lifestyle Centre to seek references from the above-named persons. I further agree to submit a recently completed, original Police Check form with this application. I understand that I am entitled to request the original form back once it has been processed by the Executive Director

Applicant Signature

Date