

Chebucto Connections Board of Directors Volunteer Application

Full Name:	Date:
Please check off all positions that are of inter	est to you:
Chair	Treasurer
Vice-Chair	Board Member
Secretary	
Do you currently live in Spryfield? Yes	No
If no, please explain your interest in the Spry	field Area or Chebucto Connections:
Personal Information	
Mailing Address	
City Province	Postal Code
Phone Number	Email
Birthdate (Day/Month/Year)	
Employment	
Position/Title:	
Current Employer:	
Please list any groups, clubs, memberships yo	ou are currently apart of:
What experiences have you had that have pr member?	epared you to contribute as a Chebucto Connections board

References	
Please list three people who know you well and can atte	est to your character, skills and dependability.
Include your current or last employer.	
Name:	Relationship:
Phone:	
Name:	Relationship:
Phone:	
Name:	Relationship:
Phone:	
Please read the following befor	e signing this application:
I understand that this is an application for volunteering promise of employment. I also understand that as a boa Chebucto Connections.	
I certify that the information provided to Chebucto Conbest of my knowledge. I understand that information concebes that the connections. I understand that misrepresental immediate rejection as an applicant for a volunteer postermination as a volunteer.	ontained on my application will be verified by ations or omissions may be cause for my
Print name:	
Signature:	Date:

Email completed application to info@chebuctconnections.ca