Appendix B - Application Form

Note: Individuals who are applying to volunteer or work within certain positions with the Organization or a Member must complete this Application Form. Individuals need to complete an Application Form once for the position sought. If the individual is applying for a new position within the Organization or within a Member, a new Application Form must be submitted.

NAME:			
First	Middle		Last
CURRENT PERMANEN	IT ADDRESS:		
Street	City	Province	Postal
DATE OF BIRTH:		GENDER IDENTITY:	
Mor	th/Day/Year		
EMAIL:		PHONE:	
POSITION SOUGHT: _			
	e), including, but not l	imited to, the <i>Code of Conduct o</i>	ures of the Organization and/or the and Ethics and Screening Policy.
_	•	g requirements depending on th nmittee will determine my eligib	e position sought, as outlined in the ility to volunteer or work in the
NAME (print):	ME (print):		
SIGNATURE:			