



Township of McKellar

701 Hwy #124, P.O. Box 69, McKellar, Ontario POG 1C0

Phone: (705) 389-2842

Fax: (705) 389-1244

Committee Member Application Form

I AM INTERESTED IN PARTICIPATING AS A VOLUNTEER ON THE FOLLOWING COMMITTEE(S):

- ECONOMIC DEVELOPMENT COMMITTEE RECREATION COMMITTEE
- HISTORICAL COMMITTEE ROADS ADVISORY COMMITTEE
- LIBRARY BOARD OTHER _____

PERSONAL DATA: MR. MRS. MISS. MS.

NAME: _____

ADDRESS: _____ POSTAL CODE: _____

TELEPHONE(HOME): _____ (BUSINESS): _____

FAX: _____ E-MAIL: _____

EXPLAIN WHY YOU WOULD LIKE TO SERVE ON EACH BOARD OR COMMITTEE IDENTIFIED ABOVE, INCLUDING ANY SKILLS OR EXPERIENCE WHICH WOULD BE OF VALUE TO THE COMMITTEE OR BOARD: _____

DO YOU HAVE ANY VOLUNTEERING EXPERIENCE? YES NO

IF SO, IN WHAT CAPACITY: _____

WE WANT TO ENSURE PERSONS WITH DISABILITIES ARE ABLE TO PARTICIPATE ON MUNICIPAL COMMITTEES. IF YOU HAVE A DISABILITY, WHAT ACCOMMODATIONS, IF ANY, WOULD YOU NEED TO CARRY OUT THIS POSITION? _____

AS VOLUNTEER ACTIVITIES MAY INCLUDE WORKING WITH CHILDREN, VULNERABLE PERSONS, AND/OR HANDLING CASH ETC., A CRIMINAL RECORDS CHECK WILL BE REQUIRED. THERE IS NO COST TO THE APPLICANT FOR VOLUNTEER POSITIONS. WOULD YOU OBJECT TO A CRIMINAL RECORDS CHECK? YES NO

IF YES, EXPLAIN: _____

YOU WILL BE REQUIRED TO GET A CRIMINAL RECORDS CHECK IF YOU WILL BE WORKING ALONE WITH VULNERABLE PERSONS OR YOUTH.

PLEASE ATTACH ANY ADDITIONAL INFORMATION WHICH MAY BE OF ASSISTANCE IN THE SELECTION PROCESS:

APPLICANTS SIGNATURE: _____ DATE: _____

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Protection of Privacy Act c.M56 s.29(2) and will be used to appoint citizen members to town boards, or committees. Information on this form will be disclosed to the public for candidate selection purposes. Questions about this selection should be directed to the Township Clerk at the address indicated at the top of the application.



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Volunteer Agreement/Release & Waiver Form

(If you are under 18 years of age, a parent/guardian signature is required)

I, by signing below, in participating in volunteer activities with the Corporation of the Township of McKellar (the "Township") in consideration for the Township allowing me to participate, fully understand and agree to the following:

1. No pay, payment, salary, wage or employee benefits (such as accident/disability/medical/dental or other insurance coverage) whatsoever will be paid to me and I will not be covered by Workplace Safety Insurance Board coverage.
2. I acknowledge that performing volunteer activities may involve certain elements of risk or the chance of an accident and I hereby release the Township and its elected officials, officers, employees and agents and their respective successors, assigns, heirs and executors from all claims for loss, damage, or injury.
3. I understand that I will be covered under the Township's blanket liability policy.
4. I will abide by all applicable Township by-laws, policies and rules, as may be amended from time to time.
5. I will not use facilities, equipment and property owned by the Township without approval of a Township staff person, and will not use them for personal purposes.
6. I will immediately notify the appropriate Township supervisor of any incident that involves property damage or personal injury during my volunteer duties.

By signing this form:

- I acknowledge that I have read and understood the preceding conditions, release and waiver; and
- I agree to the preceding conditions release and waiver

If the volunteer is under the age of 18, by signing this form as a parent or guardian:

- I acknowledge that I have read and understood the preceding conditions, release and waiver; and
- I agree to the preceding conditions release and waiver as they apply to my child
- I have given permission for my child to participate as a volunteer

Name of Volunteer: _____		Date: _____	
Signature: _____		_____	
<small>Volunteer or Parent/Guardian</small>		<small>Witness</small>	
Emergency Contact for Volunteer:			
Name: _____		Contact Number: _____	

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