



Res # _____

Date _____

**VOLUNTEER INFORMATION
2014 - 2018**

****NOTE: All Volunteers under the age of 18 MUST have a parent or guardian signature – NO EXCEPTIONS**

Name: _____

Mailing Address: _____

_____ Postal Code

Telephone Number: _____
Day-time Evening

E Mail Address: _____

Name of Committee(s)/Board(s) you represent: (LIST ALL BOARDS, COMMITTEES THAT ARE UNDER THE AUTHORITY OF THE TOWNSHIP ONLY)

Signature

Date

The Municipal liability policy extends to cover Committees of Council that are formed by, under the direction of, and approved by Council, subject to the policy terms, conditions, and exclusions. Municipal liability also extends to volunteers who donate their work and act at the direction of and within the scope of duties determined by the Municipality subject to the policy terms, conditions and exclusions.