



VOLUNTEER REGISTRATION FORM

TOWNSHIP COMMITTEES AND BOARDS

Volunteer Information:	
First Name:	Last Name:
Address:	
Mailing Address (if different from above):	
Telephone No. (home)	Telephone No. (cell)
Email address:	
Preferred method of contact: <input type="radio"/> Telephone (home or cell) _____ <input type="radio"/> Email	
Are you a Seasonal or Permanent Resident?	
Special Skills or limitations (health, etc.)	

Notice of Collection:

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2011, and in accordance with the provisions of the MFIPPA. Personal information on this form will be used to assess the applicant's eligibility for volunteer positions or qualifications for appointment to one of the various committees or boards. At no time will your personal information be disclosed without your express written consent. Questions regarding the collection, use and disclosure of this personal information may be directed to the Clerk's Office, 1439 County Road 8, Delta ON, 613-928-2251.

NOTE: Volunteers under the age of 18 **must** have a parent or guardian signature.

Signature: _____

Date: _____

Please complete and return by mail, email, fax or drop off at the Municipal Office:

Attn: Mary Ellen Truelove, Clerk
 1439 County Road 8 Delta ON K0E 1G0
mtruelove@twprideaulakes.on.ca
 (fax) 613-928-3097
 (Phone) 613-928-2251 ext. 293

The Municipal liability policy extends to covers 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.