



# **Board of Directors** **Volunteer Application**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Area of Strengths

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## Current Volunteer Positions and Affiliations

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\* Please include resume

*Expressions of Interest will be accepted in person at CCWN or email: [info@communitycarewn.ca](mailto:info@communitycarewn.ca)*

*Thank you for considering sharing your time and talents with Community Care of West Niagara*

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4309 Central Avenue, P.O. Box 171 Beamsville, Ontario L0R 1B0  
Phone: 905-563-5822 | Fax: 905-563-1401 | Web: [www.communitycarewn.ca](http://www.communitycarewn.ca)

