



Community Involves Everyone

Board of Directors **Volunteer Application**

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____

Postal Code: _____

Phone 1: _____

Phone 2: _____

E-mail: _____

Area of Strengths

Current Volunteer Positions and Affiliations

* Please include resume

*Expressions of Interest will be accepted in person at CCWN or email: info@communitycarewn.ca
Attention: Nominations Committee*

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

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

