



**Township of Ryerson
COMMUNITY TASK FORCE
VOLUNTEER APPLICATION**

First Name: _____ Last Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Relevant skills and experience:

Why do you wish to be a member of the Task Force?

Please circle which meeting time is preferable for you: daytime or evening

Applicant's Signature

Date

Please return completed forms to the Township of Ryerson.

The Township of Ryerson
28 Midlothian Road
Burk's Falls, Ontario
POA 1C0

Office: 705-382-3232
Fax: 705-382-3286
Email: clerk@ryersontownship.ca