



**Township of Ryerson
Parks and Recreation Advisory Committee
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 Parks and Recreation Advisory Committee?

Please circle which meeting time is preferable for you daytime evening

I, _____ (print name) have read and understood the attached Township of Ryerson Parks and Recreation Advisory Committee TERMS OF REFERENCE and agree to respect the privacy and confidentiality of all information to which I am exposed while serving as a volunteer for Ryerson Township.

Applicant's Signature

Date

Please return completed forms to the Deputy Clerk at the Township of Ryerson in person, by mail, fax, or email:

The Township of Ryerson
28 Midlothian Road
R.R. No. 1
Burk's Falls, Ontario
POA 1C0

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