

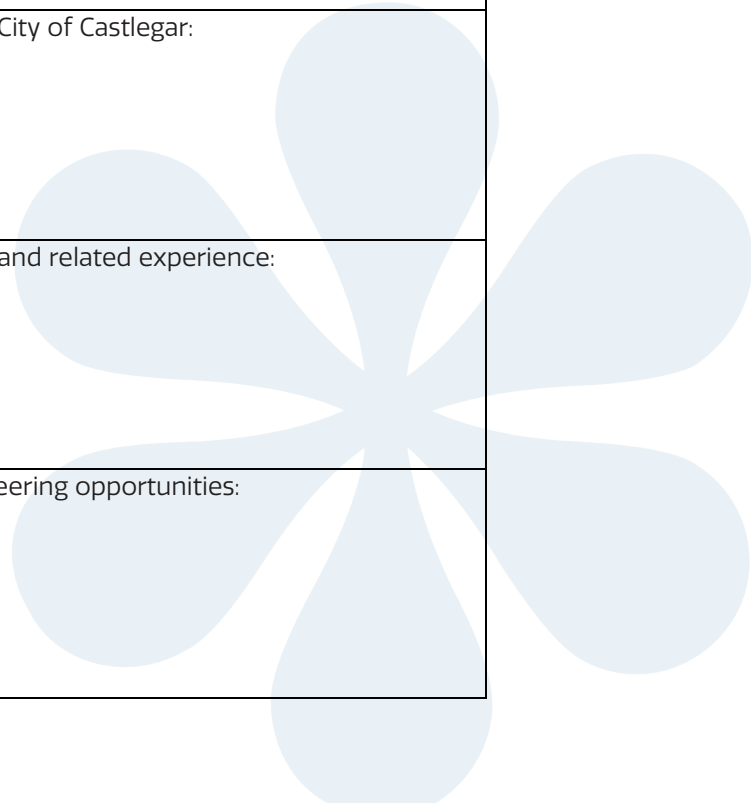
## City of Castlegar Volunteer Application

### Applicant Information

Name:
Address:
Phone:
Email:

### Experience

What kind of volunteering are you interested in: Board of Variance  Advisory Planning Commission  Abilities Awareness Advisory Committee  Other
Why are you interested in volunteering with the City of Castlegar:
Previous volunteering, community involvement, and related experience:
Interests and hobbies that could relate to volunteering opportunities:



## References

Please list two people who are familiar with your character and abilities.

Reference name and contact information:
Reference name and contact information:

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**Applicant Signature**

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**Date**

***Privacy Statement:***

*Personal information is collected for the administration of this volunteer application, as authorized under Section 26 of the Freedom of Information and Protection of Privacy Act. The City of Castlegar does not use or disclose personal information for purposes other than those for which it was collected, except with the consent of the individual whom the information is about or otherwise in accordance with law. The City of Castlegar retains personal information only as long as necessary for the purposes of this application and potential volunteer positions, and as required by the Act. If you have any questions about the collection and use of personal information, contact the Corporate Services Department at 250.365.7227*