



VOLUNTEER RESOURCE FORM

Last Name: _____ First Name: _____ Registration #: _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Phone #: (H) _____

(W) _____

Courier Address: _____
(If different than mailing address)

City: _____

Province: _____

Postal Code: _____

Fax #: _____

Email: _____

College volunteer position vacancies may occur at any time, but are routinely filled early in the New Year. Role descriptions and College Committee mandates are summarized and available on the website as www.acmlt.org but Resource Forms are kept on file for a calendar year. Terms will vary depending on the Committee. Please number your choices in order of preference.

COUNCIL	
<input type="checkbox"/>	Presidential Chain (3 year term)
<input type="checkbox"/>	Councilor (3 year term)
<input type="checkbox"/>	MLA Representative (3 year term)

REGULATORY RESOURCE LIST	
<input type="checkbox"/>	Member Conduct (investigations/hearings)

WORKING GROUPS/SERVICE AREAS	
<input type="checkbox"/>	Legislation

SPECIAL SKILLS/ AREA(S) OF INTEREST
Please state your area(s) of skill:

I, _____ confirm the information I have provided is correct to the best of my knowledge. I consent to the publication of my name and picture in College publications and on the website, and the release of my name and contact phone number for the purposes of College internal operations.

Signature: _____

Date: _____