



## Trails Advisory Board Member

### Application Form

Name: \_\_\_\_\_

Candle Lake Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Are you available to meet during the day?

Yes ☐

No ☐

Please summarize your experience with or interest in trails at the Resort Village of Candle Lake

Why are you interested in joining the Trails Advisory Board?

Please briefly outline your past experience as a volunteer. Also list any other experience that would be an asset.

What skills and knowledge would you bring to our Board?

Please send your application to [parksrec@candlelake.ca](mailto:parksrec@candlelake.ca)