



## Health Services Committee

### Application Form

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

Address: \_\_\_\_\_

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

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

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

Are you available to meet during the day?

Yes ☐

No ☐

Please summarize your experience with or interest in health services.

Why are you interested in joining the Health Services Committee?

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 Committee?