

CPM Committee Volunteer Application

PERSONAL INFORMATION:

Legal Last Name:

Legal First Name:

Preferred First Name:

Current Address:

City:

Postal Code:

Mailing Address (if different from above):

Phone (Home):

(Cell):

Email:

Languages other than English (spoken fluently):

List any relevant special skills, interests, or experiences:

On which committee are you interested in volunteering?

Board of Assessors

Ethics

PT Standards

Inquiry

Legislative

Continuing Competence

Governance &

Complaints

Nominating

Why do you want to volunteer for the College?

Are you currently a Student?

Yes

No

If Yes - what Year?

MPT1

MPT2

Why did you decide to apply for a volunteer position with us, and what do you hope or expect to gain from this volunteer experience?

Have you ever been subject to disciplinary proceedings against you?

Yes

No

If yes, please explain:

Please read the following below carefully before signing this application: By signing, I confirm that the information in this volunteer application is complete and true. I understand and agree that any omission or misrepresentation may be cause for refusal, or if I am a volunteer for the College of Physiotherapists of Manitoba, may be cause for immediate termination.

Signature:

Date:

Thank you for applying with the College of Physiotherapists of Manitoba!

Please send your letter of introduction, resume and application form to:

The College of Physiotherapists of Manitoba

1465A Pembina Hwy.

Winnipeg, Manitoba R3T 2C5

Fax: (204) 474-2506 Email: info@manitobaphysio.com