



Public Member Volunteer Application

PERSONAL INFORMATION

Legal Last Name:

Legal First Name:

Preferred First Name:

Address:

City:

Postal Code:

Phone:

Alternate Number:

Work
Cell Phone
Home

Email Address:

Language Other Than English (Spoken Fluently):

Please specify which volunteer position you are applying for:

Complaints Committee

Council

List any relevant special skills, interest or experiences:

Why do you want to volunteer for the College?

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 my 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: