



Thompson Community Association
5151 Granville Ave. Richmond, B.C V7C 1E6
Tel: (604) 238-8422 Fax: (604) 238-8433

Volunteer Application
Thompson Board of Directors or Committees

Personal Information

Name _____
Email Address _____
Address _____
Phone (home) _____ (work) _____ (cell) _____

Placement Information

How did you find out about volunteer opportunities at Thompson Community Centre?

Thompson Community Centre has the following committees. Please check areas of interest.

- | | |
|---|---|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Special Events Committee |
| <input type="checkbox"/> Board Development & Volunteer | <input type="checkbox"/> Arts Committee |
| <input type="checkbox"/> Fitness Committee | <input type="checkbox"/> Older Adults Committee |
| <input type="checkbox"/> Finance & Operations Committee | <input type="checkbox"/> Youth Committee |
| <input type="checkbox"/> Children's Committee | <input type="checkbox"/> Marketing Committee |
| <input type="checkbox"/> Human Resources Committee | |

Why are you interested in volunteering on the Board of Directors or Committees?

I have the following professional training/education or experience that I am willing to contribute to the Thompson Board of Directors or Committees.

- | | |
|---|--|
| <input type="checkbox"/> Accounting or Finances | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Writing or editing | <input type="checkbox"/> Administrative |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Recreation or Sports |
| <input type="checkbox"/> Fitness, Health Sciences or Health Promotion | <input type="checkbox"/> Other (specify) _____ |

What is your experience working on a volunteer board or committee?

Briefly describe your other past experiences that may be relevant to the Thompson Board of Directors or Committees.

Please provide a brief statement about what you hope to accomplish as a member of the Thompson Board of Directors or Committees.

Please outline any previous/present employment or education that could benefit Thompson's Board or Committees.

References

Name _____

Phone _____ (cell) _____ (work) _____

Email Address _____

personal professional family member

Name _____

Phone _____ (cell) _____ (work) _____ Email _____

Address _____

personal professional family member

Additional Information

- ◆ Resume attached (circle one) yes no
- ◆ A criminal records check is required prior to any volunteer board and/or committee member placement.
- ◆ Applications will be reviewed by the Board Development Committee

Signature of Applicant

Date

The information collected in this application is used to determine the suitability of potential board and committee members for the Thompson Community Association. The information will be used internally by the Board of Directors and the Board Development Committee. All information provided will be kept confidential.