



ACCEPTANCE TO PROVIDE VOLUNTEER SERVICE

Mr. Mrs. Ms. Miss Name:

CAMRT Registration Number:

CONTACT INFORMATION

Address, City, Postal Code:

E-Mail Address:

Place of Employment:

Full Time

Part Time

Other:

Employment Address:

Work Telephone Number:

Home Telephone Number:

Indicate the capacity you plan to volunteer your time and talents in your professional association. List your (Provincial and/or CAMRT) first and second choices:

PROV 1. _____ CAMRT: _____

PROV 2. _____ CAMRT: _____

Have you served on a CAMRT or Provincial Committee? Yes No

If you responded "Yes", which one(s)?

Contact Name, Address to Verify:

Name the Primary Association you wish to serve:

I, the undersigned, do hereby agree to volunteer two (2) years to assist the committee of my choice if I am awarded a CAMRT Foundation Grant.

Signature

Date of Application