



Board/Committee Application

Name of Board/Committee: _____

Date: _____

Name: _____

Home Phone: _____ Bus Phone: _____

Email: _____

Mailing Address: _____

Legal Land Description: _____

Relevant experience and/or employment (attach resume if relevant):

Why are you interested in our organization? _____

Area(s) of expertise/contribution you feel you can make: _____

Other volunteer experience: _____

List any other board(s)/committee(s) you have served on: _____

Please submit application to:
Ms. Debbie Greenwood
MD of Foothills No. 31
Box 5605, 309 Macleod Trail, High River AB T1V 1M7
E-mail: debbie.greenwood@mdfoothills.com