



Village of New Maryland

Expression of Interest to Volunteer for the Village of New Maryland Seniors Advisory Committee

PERSONAL INFORMATION

Name (*first & last name*): _____

Civic Address: _____

Telephone: _____ Email Address: _____

Duration of Residency: _____

BACKGROUND INFORMATION

Further information regarding education, skills, abilities, interests: _____

REASONS FOR APPLYING

Why would you like to serve on the Senior Advisory Committee?: _____

COMMUNITY INVOLVEMENT

What current or past participation have you had within the Village?: _____

DECLARATION: I hereby declare the statements made by me in this application are true and complete to the best of my knowledge and I authorize the Village of New Maryland to use this information for consideration of my candidacy as a member of the Village of New Maryland Senior Advisory Committee.

Signature: _____

Date: _____

(506) 451-8508

(506) 450-1605

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