VOLUNTEER APPLICATION

WINDSOR-ESSEX REGIONAL CHAMBER OF COMMERCE

PLEASE NOTE: Chamber policy is that all volunteers must be members in good standing with our chamber. Individual exceptions must be passed on an annual basis by the Board of Directors.

Please Circle: N	lr. Mrs. Mis	s Ms. [Or.			
Name (First)			Initial(s)Las	t	
Indicate any profes	sional designation t	o be used on f	uture corre	spondence: i.	.e. B. Comm	., C.A
		JOB REL	ATED IN	FORMATIO)N	
Job Title						
Company Name						
Address						_Prov
Postal Code		_Phone ()	Fax	i ()	
Email			websi	te		
Are you?	employed full					student
Which of the foll					•	: (circle)
Automotive Government Manufacturing Service Sector	Hosp Minir	Communication Hospitality Mining Trade/Retail			on al ducation	
Utilities	Whol	Wholesale				
		PERSO	NAL INF	ORMATION	1	
Please indicate	which skills you	would bring	to a com	mittee:		
Artistic Computer literate Public spea Speak more than one language Typing skills Other			s	Sign langua Writing skill		Skilled trades
Mark five (5) of	the following wh	ich best des	cribes yo	u:		
Analytical Extrovert Reliable		Creative/imaginative Getting involved Risk-taker		Communicates well Good listener Good Self-directing		Enjoy debating motivator Well organized
What hobbies d	o you particularly	/ enjoy?				

VOLUNTEER INFORMATION

Please indicate yo	ur preferences	s. Would you lik	te to be involved in a committee:				
that involves fact finding and problem solvingthat involves working with your handswhere you have to motivate othersthat involves working with numbers			here organizational skills are requiredwhere you work on your ownwhich requires planning activitiesthat requires physical activity				
Committees: ☐ Af	fter Business	□ ATHENA	☐ Transportation				
□ Ei	nvironment	☐ Golf	☐ Government Relations				
□М	embership Se	rvices & Develo	pment				
☐ Business Excellence Awards ☐ Finance & Taxation							
Please describe a	ny previous vo	lunteer experier	nce:				
What are your goa	als as a volunte	eer?					
Is there any inform	nation you wou	ıld like to add?_					
	idential and o	n file. You will	d return this questionnaire. The information be notified when an opening on a mes available.				
Please return to:	2575 Ouellette F Windsor, ON tel (519) 966-36	N8X 1L9 96 fax (519) 966-06 dsorchamber.org					
For Office Use Only							
Date Received		Commer	nts				
Suggested Committee	e(s)						