



NIAGARA REGIONAL NATIVE CENTRE
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Phone: 905-687-8547 ~ Fax: 905-688-4033
www.nrncc.ca ~ Find us on Facebook

VOLUNTEER BOARD OF DIRECTORS APPLICATION

APPLICANT INFORMATION	
Full Name:	
Mailing Address:	
Landline:	Mobile:
Email:	
List of relevant experience and/or employment (attach a resume):	
Tell us why you are interested in volunteering for our organization:	
Explain the areas of your expertise and the contribution you feel you would make.	
Do you have other volunteer commitments?	
Nominator Name: (if any)	
Contact Information:	
Date application was received:	Initial of receiver:

Thank you completing this application for volunteer board membership. Please send to main office in care of the NRNC Board of Directors. We will respond back to you soon!