

Contact Information

First / Last Name:

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Date of Birth:

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Company Name:

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Position:

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Address:

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City:

Province:

Postal Code:

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Phone Number:

Email:

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Please indicate why you would like to be a part of the YCL Committee?

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What skills do you have that would benefit the YCL team?

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What industry related issues or initiatives are you passionate about?

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What prior experience(s) do you have that would best contribute to the committee?

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Are you willing and able to commit to regular committee meetings (maximum 2 hours / month)?

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Please provide the name and contact information of your manager/supervisor who will support your volunteer efforts in this group.

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Is there any additional pertinent information you'd like to share?

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