

**VOLUNTEER APPLICATION  
SUMAS FIRST NATION  
EMERGENCY MANAGEMENT HEALTH & SAFETY COMMITTEE**



**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

\_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Why would you like to be a member of the Sumas First Nation Emergency Management Health & Safety Committee?**

**Do you have any previous experience?**

**Are you willing to commit to attending ten (10) committee meetings on an annual basis?**

**Are you willing to commit to completing any required training?**

**THANK YOU FOR TAKING THE TIME TO COMPLETE OUR VOLUNTEER  
APPLICATION**