



BCCPAC Committee Volunteer Form

Unit C - 2288 Elgin Avenue, Port Coquitlam, BC V3C 2B2
Tel: (604) 474-0524 Toll Free : 1-866-529-4397 Fax: (604) 474-0967
Email: info@bccpac.bc.ca

If you are interested in joining a BCCPAC Committee please complete and return this to the BCCPAC office.

Volunteer Information:

Name:			
Address:			
City:		Postal Code:	
Phone:		Email:	
Student(s) Grade Level:	Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Other:	School District Name and # :	
Name of Member PAC/DPAC:			
<i>Are you on the Executive of a PAC/DPAC?</i>	<input type="checkbox"/> Yes If yes indicate position(s): <input type="checkbox"/> No		

Involvement/experience on PAC, District, BCCPAC or Community Committees:

What area or committee would you be interested in assisting with?

What other skills and knowledge do you have that you would like to share with BCCPAC?

By signing this form I acknowledge that any information or communication disclosed to me in my role as a BCCPAC volunteer as "confidential" will remain in strict confidence and not be publicized or shared by me with anyone outside the organization. I also agree to store or dispose of any BCCPAC printed materials in a secure and safe manner and to return property and documents promptly to BCCPAC at the conclusion of my volunteer assignment.

APPLICANT SIGNATURE:		DATE:	
-----------------------------	--	--------------	--