I,	, would like to submit my name to volunteer
on [insert committee name]	for
2017 & 2018 and am willing to cor	mplete the necessary forms and provide the
necessary pieces of Identification t	to have a Criminal Record Check (Police Vulnerable
Sector Check) processed by the OF	PP. The municipality will provide you with the forms
but you must drop off to the OPP f	for processing. Under new OPP policy each applicant
is now required to pick up their ow	n personal completed Criminal Record Check. It can
then be brought to the municipalit	y for copying and the original will be returned to the
applicant.	
 Signed	 Date
•	our name in writing no later than n Friday, November 18, 2016.
	n to the Municipal Office, 894 South Street, P.O. Box person or by mail. It can also be faxed to 705-652-0 martinac@dourodummer.on.ca.
Please provide us with your up	odated contact information (please print):
Name:	
Mailing Address:	
City	
Postal Code	
Email address:	
Home Phone:	
Daytime phone: (cell, work, etc.)	