

## Application Form

The Vulcan County Health & Wellness Foundation is looking for individuals with the passion and desire to:

- take ownership of their personal Health and Wellness, as well as the Health and Wellness of others.
- create a legacy of wellness for the future; one that benefits you, your family, your friends, and your community.
- drive change in Health and Wellness in rural Alberta.

Are you that person? If you are we would like to invite you to **Join Our Team** as:

**Please check one:**

- Trustee       Ambassador       Advisory Committee       Volunteer

## Personal Information

Name of Applicant: \_\_\_\_\_

Company Name: \_\_\_\_\_

Town/Village: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Information • Phone: \_\_\_\_\_ email: \_\_\_\_\_

What interests you most about the Foundations work?

How do you hope to make a difference for our community by joining the VCHW Foundation?:

**or Print and forward your completed application to:**

Vulcan County Health & Wellness Foundation  
610 Elizabeth Street  
P.O. Box 28, Vulcan, AB T0L 2B0  
403-485-4001