



**RIVERVIEW HEALTH CENTRE NURSES
MNU LOCAL 1a
COMMITTEE VOLUNTEER APPLICATION**

I, _____, a Member in good standing of the

Riverview Health Centre, MNU Local 1a, volunteer to serve on the following committee:

Signature

Date

PLEASE PRINT

NAME: _____

ADDRESS: _____

PHONE (Home): _____ **(Cell):** _____

(Unit): _____

E-MAIL: _____

for NOMINATING COMMITTEE

Please submit completed form to the President of Local 1a