

Chartered Professional Accountants of British Columbia 800-555 West Hastings Street Vancouver BC CANADA V6B 4N6 T. 604 872.7222 F. 604 681.1523 TF. 1 800 663.2677 www.bccpa.ca

Chapter Volunteer Application Form

CPA members or candidates interested in being part of the CPABC Chapter Committees are requested to complete this volunteer form.

PART 1 – Contact Information	
Chapter Name/Location:	
First & Last Name:	
Member or Student ID:	Member Designation:
Preferred Email:	
Preferred Address:	
Preferred Phone Number:	

PART 2 – Experie		to 10 years) professional and community/sivia	ootivitioo	
Please list relevant current and past (up to 10 years) professional and community/civic activities including name of organization, position, and length/duration of experience.				
Organization	Position	Activities	Duration	



Chartered Professional Accountants of British Columbia 800-555 West Hastings Street Vancouver BC CANADA V6B 4N6 T. 604 872.7222 F. 604 681.1523 TF. 1 800 663.2677 www.bccpa.ca

PART 3 – Reason(s) for Volunteering

Please describe your reason(s) for volunteering and why you wish to serve as a member of the CPABC Chapter Committee.

PART 4 – Volunteer Declaration

I, the undersigned, am not aware of any facts or matters that would make me an unsuitable candidate for a volunteer position with a CPABC Chapter Committee or hinder my ability to perform the required duties.

I recognize the responsibilities of volunteering with my provincial body and agree to conduct myself, at all times, in a professional manner and in accordance with the CPABC Code of Professional Conduct, and other policies of CPABC as set out in the Chapter Committee Terms of Reference.

I attest to the completeness and accuracy of the information provided in this application form and hereby undertake to notify CPABC immediately in writing of any material change to agreement with the declaration statements above.

Signature:

Date:

PART 5 – Consent

Information on this form is collected by CPABC in accordance with the Freedom of Information and Protection of Privacy Act [RSBC 1996] and will be used to administer the volunteer process. I consent that the information on this application form may be shared with the appropriate personnel of the CPABC and Officers of the Chapter Committee, and that my contact information may be shared on the Chapter website, and other publications, as appropriate. I expressly consent to receiving information (emails and physical mail) related to Chapters and my role as a volunteer.

If you have any questions about the collection and use of your information, please contact **chapters@bccpa.ca**.

Signature:

Date: