

PEO Volunteer Application Form

PEO CHAPTER VOLUNTEERS

PEO Chapter you are applying to

First and last name

Preferred name (optional)

Preferred email

Phone number

Engineering discipline /
area of practice / occupation

PEO licence number, if applicable

Why are you interested in volunteering for the PEO Chapter and how do you feel that your contributions to a PEO Chapter would aid in advancing our mandate as a professional regulator?

How many hours per month are you able to commit to volunteering for the PEO Chapter?

Signature

Date

Please return the completed Volunteer Application Form to: volunteering@peo.on.ca

PEO encourages the involvement of members in good standing and reserves the right to make further inquiries as required.

While we appreciate the interest of all applicants, only those selected for an interview will be contacted. If you require specific accommodation for the interview process because of a disability or a medical need, please advise the person contacting you of your requirements, so that arrangements can be made for the appropriate accommodations to be in place before you begin the interview process.