



**CSR D FIRE SERVICES
JOINT OH&S COMMITTEE REPRESENTATIVE
EXPRESSION OF INTEREST**

Name:	
Address:	
Phone Numbers:	<i>Home:</i> <i>Cell:</i>
Email Address:	
Which Fire Department are you currently a member?	
How long have you been a member of CSR D Fire Services?	
Experience (including work background, community activities, volunteering, etc.)	
Why are you interested in serving in this capacity?	
Indicate if you are available to participate in monthly meetings by conference call and in person.	

submit additional pages if necessary