



Canadian Institute for Procurement and Material Management
Institut canadien d'approvisionnement et de gestion du matériel

CIPMM VOLUNTEER APPLICATION FORM

CANDIDATE INFORMATION

Full Name:

Employment / Position:

E-mail address:

Phone number:

Affiliations or organizations you belong to (e.g., membership, professional, civic):

Curriculum Vitae is attached:

Yes No

Please add an "x" beside any of the following that applies:

Areas of Interest (Select all that apply)

National Workshop

Volunteer

Committee Member

Regional Workshop East

Volunteer

Committee Member

Regional Workshop West

Volunteer

Committee Member

Fleet Management Workshop

Volunteer

Committee Member

Symposiums

Volunteer

Committee Member

Learning Events

Volunteer

Committee Member

Networking Events

Volunteer

Committee Member

Marketing

Volunteer

Communications

Volunteer

Membership Promotion

Volunteer



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I, (Manager name) understand that if accepted,

(employee name) will be participating as a volunteer in the CIPMM events & activities mentioned above.

As a manager, I will commit to ensuring the employee is given the necessary time away from work to participate fully in the activities or events as required.

Manager's signature Date

Please add an "x" beside any of the following skills or experience that you possesses:

Professional Skills

- | | |
|--|---|
| <input type="checkbox"/> Procurement | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Materiel Management | <input type="checkbox"/> PR & Communication |
| <input type="checkbox"/> Fleet Management | <input type="checkbox"/> Management |
| <input type="checkbox"/> Event Organization | <input type="checkbox"/> Sales/ Marketing |

Experience

- | | |
|--|--|
| <input type="checkbox"/> Coaching/Mentoring/Professional Development | <input type="checkbox"/> Private Sector |
| <input type="checkbox"/> Networking, Contacts | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Department/ Agency Representation | <input type="checkbox"/> Regional representation |
| <input type="checkbox"/> Public Sector | |

Candidate Signature:

Date:

Please submit to CIPMM at admin@cipmm-icagm.ca.