



# MEMBERSHIP APPLICATION

In order to assist Workplace Safety & Prevention Services (WSPS) in the achievement of its vision, we are recruiting members to serve on our volunteer Advisory Committees. Advisory committees represent ten different sub-sectors within the agriculture, manufacturing and service industries. It is a collaborative group, formed around a shared belief that Ontario workers deserve to go home safe at the end of every workday. Their mandate is advisory in nature and implement a three-part role focusing on strategy, solutions, and advocacy. The committees represent the voice of their sectors, thereby serving as a bridge between industry and the Ontario prevention system.

**PLEASE COMPLETE AND RETURN** this form to: **Elgy Varghese**, Manager-Advisory Committee Program at [elgy.varghese@wsps.ca](mailto:elgy.varghese@wsps.ca). Please feel free to forward your resume/curriculum vitae along with the application.

## SECTION A - EMPLOYER INFORMATION

Please indicate the sector your workplace represents:

Agriculture Sector

Manufacturing Sector

Service Sector

### WORKPLACE DETAILS

Name of Employer (Registered Name): \_\_\_\_\_

Business Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Tel: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business E-Mail: \_\_\_\_\_

Firm Number: \_\_\_\_\_

Firm Rate Group(s): \_\_\_\_\_

Firm Size:            <50            50-99            100-199            200-499            500-999            >1000

Membership shall include individuals from both union and non-union workplace parties who have a history of achievement in leadership positions. Please select one of the following:

Union Employer

Non-union Employer

Union Employee

Non-union Employee



# WSPS ADVISORY COMMITTEES MEMBERSHIP APPLICATION

## SECTION B: TELL US ABOUT YOURSELF

Your Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Years of Service in this Company: \_\_\_\_\_

### PERSONAL INFORMATION

Residence Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How did you learn about Workplace Safety & Prevention Services (WSPS) Advisory Committees?

Conferences/Events

Member Referrals

Website

WSPS Staff

Other: \_\_\_\_\_

Reason for serving on the Advisory Committee: What interests you most about this program?

What benefits would you hope to receive from participation on the Advisory Committees?



## WSPS ADVISORY COMMITTEES MEMBERSHIP APPLICATION

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Highlight your most significant learning experience or contribution. List your previous volunteer experience serving on committees or boards.

Share your education, business or work experience that might benefit the committee. List your affiliations with community groups, associations, organizations, etc.

Highlight your skills that can enhance the work of the advisory committees. What unique experiences/expertise would you bring to this volunteer position?

Conflict of Interest: Please detail any potential conflict of interest you could possibly have.



# WSPS ADVISORY COMMITTEES MEMBERSHIP APPLICATION

## SECTION C: CONSENT FORM

Minimum Requirements: Please check all that apply to you.

- Knowledge of the WSPS Advisory Committee Program mandate
- Aware of my responsibilities as an advisory committee member
- Sector knowledge to represent my industry at advisory committee related events and meetings
- Attend all advisory committee meetings or send an alternate to the meeting
- Promote the importance of safety culture within my sector
- Advocate on behalf of my workplace, industry sector and WSPS

Please provide the name and contact information of an alternate staff member who would be your proxy in the event that you cannot attend a meeting.

Name of proxy: \_\_\_\_\_

Job Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### Declaration

I acknowledge, that if selected as a member of the WSPS Advisory Committees, I am governed by the Advisory Committee Terms of Reference and all other policies for the conduct of meetings and other committee related activities. I will take such time away from my duties of employment as is reasonably necessary to attend meetings of the Advisory Committees and to carry out such other duties as may be assigned.

Applicant  
SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_