

Please check off skills that you would be able to use as a volunteer in the Co-op:

<input type="checkbox"/> Computer	<input type="checkbox"/> Clerical	<input type="checkbox"/> Gardening	<input type="checkbox"/> Handy person
<input type="checkbox"/> Publishing	<input type="checkbox"/> Writing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Social
<input type="checkbox"/> Accounting	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Cooking	<input type="checkbox"/> Babysitting
<input type="checkbox"/> Filing	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Painting	<input type="checkbox"/> Minute Taking
<input type="checkbox"/> Electrical	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Inspections	<input type="checkbox"/> Arbitration

Other: _____

Pets (must be spayed/neutered):

Name	Dog/Cat	Breed	Size

Vehicles:

Type	Make	License Plate

References:

	Name/Company	Phone # (Work/Home)
Current Landlord/Co-Op		
Previous Landlord/Co-op		
Employer		
Volunteer Organization		
Closest Relative		

Do you presently know anyone living in Medina:

No Yes If yes, who _____ Relationship _____

IT IS MANDATORY THAT EVERY UNIT CONTRIBUTE A MINIMUM OF SIX HOURS PER MONTH TO THE RUNNING OF THE CO-OP. THIS WILL INCLUDE COMMITTEE MEETINGS AND WORK PARTIES.

I/we confirm that the information contained in this application is accurate. I/we hereby authorize the Co-op to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a society membership account. This consent is given pursuant to section 12 of the Personal Information Reporting Act, S.B.C. 1973.

Signature(s) and Authorization(s):

(Office use only)

- 1) Interviewed (Date) _____
- 2) By (Names) _____
- 3) Credit check (Date) _____
- 4) Recommended/Rejected (Why) _____
- 5) Board Accepted (Date) _____
- 6) Notification Sent (Date) _____
- 7) Unit Allocated _____
- 8) Housing Charges at Move In _____
- 9) Share Purchase _____