



Community Group Information Form

Organization Name

Contact Name

Contact Phone

Position

Email

Organization's Mailing Address including Postal Code

Additional Information:

Do you want to be a part of the Volunteer Connections List which connects volunteers and community groups? Yes No

Do you need volunteers? Yes No

If yes, please describe any specific needs:

Information Collection:

The personal information collected above will be used for the Town of Redwater Community Resource Directory and Volunteer Connections List that is made available in paper and electronic format to any person who requests the information, for the and will be used at the discretion of the Town of Redwater. Information will also be used for the Town of Redwater Volunteer Connections List for the purpose of volunteering. This information is collected under the authority of section 33(C) in the *Freedom of Information and Protection of Privacy Act*. For more information, please contact the Town of Redwater FOIP Coordinator, Box 397, Redwater, Alberta, TOA 2W0, Ph: 780-942-3519.

Under Section 38 of the *Freedom of Information and Protection of Privacy Act*, municipalities must protect the personal information it collects by making reasonable security arrangements against such risks as unauthorized access, collection, use, disclosure, or destruction. Also, Municipalities must comply with Sections 39 and 40 when using and disclosing personal information.

I, _____, understand that the information collected on this form will be shared publicly and give my consent.

Consent to Receive Email Communication

In accordance with the Canadian Anti-Spam legislation (CASL), the Town of Redwater requires your consent to send you communications using the email address listed above. Please check the "Yes" box below if you would like to receive email communication from the Town of Redwater or the "No" box if you prefer not to be contacted by email. We would typically send out information on upcoming programs and events, interagency meetings, job openings in the area, or other information that may be of interest to Community Groups.

Yes, I agree to receive email communications.

No, please do not send me communication by email.

Signature of Contact Person

Date

Office use only:

Information received by: _____

Date: _____