



BOARD DIRECTOR APPLICATION

I wish to become a Board Director of the L&A Seniors Outreach Services Inc. and I understand that if elected I will serve at least a two (2) year term.

Name: _____

Mailing Address: _____

Town: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Birthdate: _____ Police Screening (CPIC) _____

I am a member of Lennox & Addington Seniors Outreach Services. Y/N

Please note: We may not be able to accept every eligible applicant as a Director. Membership is by election or interim appointment.

Please tell us about your skills/experiences.

Please describe your previous volunteer experience:

Have you been in a position of supervising/delegating volunteers or sitting on a committee/Board?

Please briefly describe your interest in Seniors Outreach Services.

Please tell us about yourself and your special interests/skills.

Please provide three references (Name, address, phone number, relationship)

Signature: _____ Date: _____