

PERSONAL INFORMATION

Name (first & last): _____

Civic Address: _____

Telephone: _____ Email Address: _____

Are you a resident of the Town of Grand Bay-Westfield? Yes No

Are you representing a local organization or business that services the older adult population? Yes No

Are you 18 years of age or older? Yes No

BACKGROUND INFORMATION

Tell us about your education, skills, abilities and interests in working with Seniors:

REASONS FOR APPLYING

Why would you like to serve on the Age Friendly Community Committee?

COMMUNITY INVOLVEMENT

What current or past participation have you had within the Town of Grand Bay-Westfield?

DECLARATION: I hereby declare the statements made by me in this application are true and complete to the best of my knowledge and I authorize the Town of Grand Bay-Westfield to use this information for consideration of my candidacy as a member of the Age Friendly Community Committee.

Signature: _____ Date: _____

Submit Application to the Town by email administration@towngbw.ca or drop off to 609 River Valley Dr.
AFC Committee will review all applications and make recommendations to council
Council will appoint all new members