



ElderActive Recreation Association



Attachment "B" CANDIDATE QUALIFICATION FORM

This form must be submitted to the Organization by the date of _____

This form is to be completed by any person nominated for election as a Director with the Organization. To be eligible for nomination, a person must:

- Be of legal age
- Be a resident of Canada
- Be a member of the Organization

Name of Candidate: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Position Applying For: _____

1. Please provide a brief summary of your volunteer/work experience, including in leadership roles, if any.
2. Please provide a brief summary of your experience in activities of ElderActive (either volunteer or program related).
3. Please highlight any skills or competencies that in your mind would contribute to the effective leadership and governance of the Organization
4. Please provide a brief bio of yourself and why you are interested in joining the Board.

I agree that the answers to my questions will be shared with the ElderActive membership if I am nominated.

I agree that all information provided above is accurate and complete to the best of my knowledge.

I agree to run for the above named position on the ElderActive Recreation Association board.

Signature

Date