



Age Friendly

THUNDER BAY

A Great Community for Seniors

agefriendlythunderbay.ca

Age Friendly Thunder Bay Board Position Form

Age Friendly Thunder Bay is a community-based partner group advocating for older adults' independence and quality of life in Thunder Bay. Age Friendly Thunder Bay helps citizens age with dignity in a community recognized by the World Health Organization Global Network of Age Friendly Cities.

Candidate Name: _____

Home Address: _____

Phone Number: _____

Email: _____

Tell us a bit about your skills. Please check the appropriate box for each skill area.

	Basic Understanding	Advanced	Interested
Professional Experience:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Leadership:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance/Accounting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Governance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fundraising:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Planning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Relations/Communications:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Planning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government/Political Acumen:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Resources:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Management:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy/Advocacy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why are you interested
in becoming an AFTB
Board member?

What special qualifications
and/or skills would you
bring to the Board?

Describe your past Board
experience (if any).

By submitting this application, I declare that:

1. I certify that the information in this application is accurate and true.

Applicant Name (please print): _____

Applicant Signature: _____ Date: _____