

Board of Directors Application Form

Thank you for your interest in the SouthWest Edmonton Seniors Association (SWESA). Please complete this form and submit it to Carol Bigam, Vice President of SWESA. For more information about the Roles and Responsibilities of the Board of Directors, please contact a member of SWESA's Executive Committee.

Name:			
Phone:	Home: Cell: Work:		
Address:	Street/Number: City: Postal Code:		
Email:			
(SouthWes	member of SWESA? It Edmonton Seniors As Der of SWESA, please in	Yes No ssociation) ndicate your involvement preferences	
Board of Commit Commit Volunte	VOLVEMENT f Directors tee Chairperson tee Member er Member	CHECK and/or RANK	

Please tell us about yourself (background, areas of expertise, other volunteer activities, etc.)	
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Data of Application. Signature.	
Date of Application: Signature:	
For Board Use Only: Application reviewed by Board Executive. Date:	
Nominee reviewed by Board of Directors. Date:	
Decision to Nominee . Date:	
Other:	