



SENIORS COMMUNITY COUNCIL APPLICATION FORM



1. Contact Information:

Full Name:

Mailing Address:

Phone number:

Email:

2. How did you hear about the Seniors Community Council?

- Word of Mouth
- Posters
- Social Media
- Local newspaper
- Regional/Community Organization or Network - If so, who?
- Other:

3. What motivates you or inspires you to advocate for seniors in our community?

4. Please describe why you would like to participate on the Seniors Community Council?

(1-2 paragraphs, point form is fine)

5. Which of the following areas of focus do you hope to achieve through your participation on the Seniors Community Council? (please check whichever ones best fit)

- Increased affordable Housing for Seniors in the region
- Improved Outdoor Spaces & Buildings in Powell River
- Enhanced Transportation and roads
- Greater opportunities for social participation
- Improved respect and inclusion for seniors
- Increased opportunities for civic participation & employment for seniors
- Enhanced communication and information
- Increased community support programs & enhanced Health Services

Agreement: By completing this application form you agree that if selected, you can commit to the Seniors Community Council for a two-year term. Please note: as a volunteer on the Seniors Community Council liability insurance is provided under the City of Powell River MIA insurance policy.

PHOTO CONSENT: We often take photos of the project as a tool to document the project journey. Photos may be used in our reports or promotional materials. If you do not wish your image to be used, please notify us at cparsons@powellriver.ca

I have read the above waiver and photo consent and agree with these terms.

APPLICATIONS ARE DUE by 3 pm on Tuesday APRIL 2, 2019

Applicant Signature: _____

Date: _____

Please send your application and any questions to: cparsons@powellriver.ca or drop off at the recreation Complex Attention: Christine Parsons

