

Application for Membership on Age-friendly Kingston Community Alliance

First Name:

Last Name:

Address:

Phone Number:

Email Address:

In order to meet the expectations of the World Health Organization's Age-friendly Community criteria, we are specifically looking for senior representatives for the Alliance.

Are you aged 65 or older? Yes No

We also want to balance the Alliance geographically, so do you reside in the Countryside District? Yes No

Please tell us why are you interested in becoming a member of the Age-friendly Kingston Community Alliance?

Please describe any recent activities you have been involved in with seniors. This could such things as volunteer work or recreational activities

Please list any skills, education, experience or training that might be useful as a member of the Age-friendly Kingston Community Alliance?

What would you identify as the main challenges facing seniors living in the City of Kingston now and in the future?

Is there any additional information you feel would be helpful for us to know?