



SENIOR WOW PROGRAM ADVISORY BOARD APPLICATION

The Town of Scarborough is responsible for appointing members to several standing committees and other committees organized to work on specific issues within stated time frames. The Appointments Committee of the Town Council is responsible for appointing members to a Senior Program Advisory Board. Please consider volunteering! Serving on a committee is a wonderful way to learn more about our community, meet our neighbors, and contribute to our town's success. Thank you.

Pursuant to the Freedom of Access Act, amended and effective September 2005, please indicate by checking here whether you are willing to allow your personal contact information to be made available to public inquiry. Yes No

Date: _____

Name: _____

E-Mail Address: _____

Street Address: _____

Mailing Address (if different): _____

Home Telephone: _____

Business Telephone: _____

How long have you been a resident of Scarborough: _____

Are you a Senior? (55+) _____

Seniors Program Advisory Board Topics:

Please put a check mark by the subject you have experience/interest in:

- | | |
|--|---|
| <input type="checkbox"/> Activities | <input type="checkbox"/> Funding |
| <input type="checkbox"/> Education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Intergenerational | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Senior Citizen Issues/Activities |
| <input type="checkbox"/> Outreach | |
| <input type="checkbox"/> Communications | |

Please answer the following questions:

1. Please give a brief statement to inform the Senior WOW Program Coordinator why you are interested in the topic(s) you selected, and what special skills or talents you would bring to the Seniors Program Advisory Board.

Please continue on the other side of this form.



2. Please tell us about prior experiences you may have had in volunteering or in community work.

3. Please add any other information you think would be helpful for the Advisory Board to know.

Thank you for taking the time to complete this application.

Please return this form to: Office of Community Services
259 U.S. Route One
P.O. Box 360
Scarborough, ME 04070-0360

For Official Use Only

Date Application Received: _____