



Board of Directors Application Form

Thank you for your interest in joining the Special Olympics Alberta Board of Directors. Please complete this form and submit it along with your resume to: info@specialolympics.ab.ca

Personal Information

Last name:		First name:		Initial:
Salutation: Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/>		Current occupation:		
Mailing address:				
City:		Province:	Postal code:	
Home phone:		Work or cell phone:		
Email address:				

Applicable Experience and Interests

<p>Do you have any personal experience with Special Olympics? Please check which statements apply to you.</p> <p><input type="checkbox"/> I am or I was a volunteer <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> I have or I have had a family member participate in Special Olympics</p> <p>Why are you interested in joining the Special Olympics Alberta Board of Directors?</p>

What skills/talents/experiences do you feel you can contribute to Special Olympics Alberta?

In an intentional effort to increase organizational diversity, what experience of diversity do you bring to this role?