



Société Alzheimer Society NIAGARA REGION

Nominations Questionnaire

Date: _____

Mr Mrs Ms Miss Dr _____

(Please use full given names)

Address: _____

City: _____ Postal Code: _____ Home Phone #: _____

Fax#: _____ E-mail: _____ Cell Phone #: _____

Occupation: _____ Place of Business: _____

Title: _____ Years with Organization: _____

Address: _____

City: _____ Postal Code: _____ Work Phone #: _____

Bus. Fax #: _____ E-mail: _____ Pager #: _____

I would prefer to receive mailings at my: Home Business

Personal Information:

Recreational Activities: _____

Affiliations/Community Involvement (other boards, professional groups/associations, service clubs, political organizations):

Fundraising Experience:

Past Campaigns:

Events/Activities:

Commentary

Would you be willing to join a committee other than the Board of Directors?

Describe your main reason for wishing to join the Board of Directors:

Would you be willing to show your support by attending ASNR events/activities?

What special interests would you like to pursue?

How did you hear about us?

Have you a previous awareness/experience of the affects of Alzheimer Disease?

If so, please describe:

References: (one business and two personal, other than family members)

1. Name: _____
Address: _____

City: _____ Postal Code: _____
Home Phone #: _____ Business Phone #: _____
Relationship: _____

2. Name: _____
Address: _____

City: _____ Postal Code: _____
Home Phone #: _____ Business Phone #: _____
Relationship: _____

3. Name: _____
Address: _____

City: _____ Postal Code: _____
Home Phone #: _____ Business Phone #: _____
Relationship: _____

Authorization for Collection of Personal Information:

I, _____, authorize the Alzheimer Society of Niagara Region to collect personal information appropriate to the position applied for concerning my academic background, employment history, and verify the character references I have supplied. I understand that the information obtained will be confidential.

Signature

Date