



# 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 Interests/Qualifications/Skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fundraising Experience:**

Past Campaigns:

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Events/Activities:

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**Commentary**

What do you think you could contribute to the Society as a member of the Board?

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Would you be willing to represent the organization at various events/activities held by the Society, Foundation or other organizations?

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What special interests would you like to pursue?

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How did you hear about us?

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Please elaborate on any experience/awareness you have regarding persons living with a dementia.

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

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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**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