

Age Well Arrowhead Board Member Nominee Application Form

Complete this form and return to Age Well Arrowhead at 306 W. Superior Street, Suite 10 Duluth, MN 55804

Name _____

Address _____

Phone (hm) _____ (wk/cell) _____

Email address _____

Are you prepared to make a 3 year commitment? Yes _____ No _____

Relevant community experience and/or employment (a resume may be attached):

Why are you interested in serving as a member of Age Well Arrowhead's Board Director's?

Area(s) of expertise/contributions you feel you can make as a Board Director:

Other current volunteer commitments:

Please list (3) references

Name _____

Contact Info _____

Name _____

Contact Info _____

Name _____

Contact Info _____

I have received additional information on Age Well Arrowhead, and the position description. I am aware that the Board of Director Position Description is an expression of good faith and provides a common ground from which board directors can operate.

Prospective Board of Director's Signature: _____

Date: _____

*****For Board Committee Use*****

____ Nominee's Application reviewed by Board Development Committee on _____

____ Nominee attended a board meeting on _____.

____ Nominee interviewed by the board on _____.

Action taken by the board: _____