

## Healthy Aging Champion Volunteer Application Form

(Please type or print clearly)

| This is my first application   | Yes     | No                     |  |
|--------------------------------|---------|------------------------|--|
| I live in the community of:    |         |                        |  |
| Name                           |         |                        |  |
| First Name                     | Last Na | ame                    |  |
| Mailing Address:               |         |                        |  |
|                                |         |                        |  |
|                                |         |                        |  |
|                                |         |                        |  |
|                                |         |                        |  |
| Telephone Number(s)            |         |                        |  |
| Email Address: (if applicable) |         |                        |  |
| I prefer to communicate in:    |         |                        |  |
| English                        | En      | glish or French        |  |
| French                         | Ot      | her (please specify) _ |  |

The objective of the Healthy Aging Champion Program is to have senior volunteers engaged in their community and surrounding area to promote the importance of healthy aging among their peers and other residents.

Champions must be a New Brunswick resident aged 60 years or older and must be willing to travel within their community and surrounding area.

You can find the program description at <a href="https://www2.gnb.ca/content/gnb/en/departments/social\_development/seniors/c">https://www2.gnb.ca/content/gnb/en/departments/social\_development/seniors/c</a> ontent/secretariat/champion.html

| Please explain how you can hobjective. (use additional paper |      | of | New | Brunswick | achieve | this |
|--|------|----|-----|-----------|---------|------|
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| I understand the objective volunteer Healthy Aging Ch | e of the program and would like to be consideration. | dered as a |
|---|--|------------|
| Date  | Signature  |            |

## Please return this application by November 14, 2022.

Healthy Aging Champion Program
Seniors' and Healthy Aging Secretariat
Department of Social Development
P.O. Box 6000, Fredericton, New Brunswick E3B 5H1

Email a scanned copy to <a href="mailto:seniors@gnb.ca">seniors@gnb.ca</a>
Please include *Healthy Aging Champion* in the subject line of your email.

All successful applicants will be contacted on or about December 5, 2022.