

Creative Aging Ambassador Application

About You

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #

City State/Country ZIP Code

Phone: _____ Email _____

Organization: _____ Title.: _____

Organization Website: _____

Personal Bio (in 50 words or less): _____

Getting Involved

Your skills and expertise: (up to ten keywords like events, marketing, etc.) _____

What sort of creative aging activities have you already been involved in? _____

What city and state would you like to start a chapter in? _____

How would you like to be involved? (Leadership Role, planning events, social media, finding sponsorship, etc.) _____

What specific activities/events would you like to work on? _____

Partnerships and Collaborations

What organization affiliations will you draw upon for the organization of events and the development of the local Creative Aging Network?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to being chosen as an Ambassador, I understand that I am a volunteer and not an employee of the National Center for Creative Aging.

Signature: _____ Date: _____

Please send completed application back to:

Jennie Smith-Peers, ED at jsmith-peers@creativeaging.org

or you can mail it to:

Attn: Jennie Smith-Peers
National Center for Creative Aging
2519 Connecticut Ave. NW
Washington, DC 20008