



The Marin County Section on Aging is a coalition of agencies, organizations and individuals concerned with the well-being of older persons. We are a network alliance advocating for and promoting the development, coordination and implementation of older adult services in Marin. We hold morning meetings the 3rd Thursday of each month, featuring speakers and member networking opportunities.

Application to Join the Marin County Section on Aging Leadership Team

Thank you for your interest in joining this Leadership Team! Use this form to provide useful information about yourself, to ensure the best match between you and the company that might want to consider you for its Leadership Team. The term is for two years. The following information will be shared:

Date of application: _____

Your name: _____

Home phone number: _____ Cell number: _____

Your address: _____

Your email address (please write it carefully):

Briefly describe why you would like to join our Leadership Team:

Your current organizational affiliations (names of the organization and your role(s)):

1. _____

2. _____

3. _____

4. _____

Which of your skills would you like to utilize on the Leadership Team? Check those that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> Board development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Training |
| <input type="checkbox"/> Strategic planning | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Staffing / HR | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Volunteer management |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Community networking | <input type="checkbox"/> Facilities management |

Other skill(s) of yours that you would like to utilize? _____

What would you like to get for yourself out of your participation on the Leadership Team, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

If you join the Leadership Team, you agree that you can provide at least 2-6 hours a month in attendance to Leadership Team and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____

If you are not selected as a member of the Leadership Team, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

- Yes No Perhaps