

**INTERGENERATIONAL PROGRAM MANAGEMENT
AND SKILLS TRAINING SEMINAR**

APPLICANT INFORMATION

**In order to help us prepare for the seminar, we would like to know more about you:
Please briefly provide the following information.**

This is a one day, 7 hour training seminar. It will be offered in September 2008.
Please indicate which days of the week you could be available?

Mon___ **Tues**___ **Wed.**___ **Thurs.**___ **Fri.**___

Are there particular dates in September when you are not available? _____

Name: _____
Last name Given name Preferred first name

Organization / Company (if applicable) _____

Address: _____
Street Address Postal Code

Home Phone: _____ Business Phone: _____

Email: _____

Current Occupation: _____

Briefly describe your organization's work and focus:

Tell us why you or your organization is interested in providing an Intergenerational Program in your community?

How do you see your community benefiting from you receiving the Intergenerational Program Management and Skills Training Seminar?

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Please tell us briefly about your:

Work History: _____

Education and Training: _____

Volunteer Experience: _____

Skills and Interests: _____

In your knowledge, what community programs currently exist for youth and seniors?

Please provide any information your think would be helpful for us to know about you or your community:

Signature

Date