



**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 Name

Mailing Address:

Telephone Number(s) _____

Email Address: (if applicable) _____

I prefer to communicate in:

English _____

French _____

English or French _____

Other (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

https://www2.gnb.ca/content/gnb/en/departments/social_development/seniors/content/secretariat/champion.html

Please explain how you can help the Province of New Brunswick achieve this objective. *(use additional paper if required)*

I understand the objective of the program and would like to be considered as a volunteer Healthy Aging Champion.

Date

Signature

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 seniors@gnb.ca
Please include *Healthy Aging Champion* in the subject line of your email.

All successful applicants will be contacted.