

Date: ____/____/____



Wellness 50+ Team Member Application

Name _____

Address _____

City _____ State _____

Zip _____

Email: _____

Home Phone _____

Cell Phone _____

Work Phone _____

Best number to reach you: Home Work Cell

What is your work status: Retired/not working for pay Working part time Working full time

What **interests** you about being involved with the Wellness 50+ program?

What do you believe are the greatest **strengths** that you bring to the effort?

What other groups or associations have you been involved with?

Please tell us about **your skills, interests, talents and knowledge** you have gained throughout your life and would like to apply in the Wellness 50+ program?

Please provide a **short bio** about yourself. (Up to 300 words. This bio will be shared with others if you are selected for the Wellness 50+ Evolve Team.)

Email application to Julie Roles at jroles@vital-aging-network.org or mail to **Vital Aging Network**, 2365 McKnight Road N., Saint Paul, MN 55109