



EDMONTON  
SENIORS  
COORDINATING  
COUNCIL

**Assessment of Board Member Strengths and Skills**

**NAME :** \_\_\_\_\_

This questionnaire is designed to help identify the strengths and skills of our current Board. The results will be used to assist in providing direction to the Nominating Committee regarding the desired skills and attributes of new Board Members.

**Do YOU have professional experience and/or personal skills in the following areas:  
(please place a check mark beside those areas that apply to you)**

Community Supports for seniors	—
Diversity	—
Seniors Fitness and Recreation	—
Personal Safety of seniors	—
Transportation of seniors	—
Health and Wellness of seniors	—
Board Leadership	—
Executive experience (here or at another organization) Chairing a Board Committee (here or at another organization)	—
Developing and/or influencing public policy	—
Facility Planning and/or Management	—
Financial Management:	—
Accounting	—
Budgeting and Budget Control	—
Investments/Group Pensions	—
Fundraising	—
Human Resources	—
Information Management	—
Insurance	—

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Law	—
Contract	
Not-for-Profit	—

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Marketing	—
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Organizational Effectiveness	—
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Event Organizing	—
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Policy Development (with a charitable organization)	—
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Public Relations and Media Relations	—
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Risk Management	—
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Strategic and Long-Range Planning	—
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Strong connections with Government leaders: Civic \_\_\_ Province \_\_\_  
 Federal \_\_\_  
 Strong connections with leaders in the Business community \_\_\_  
 Strong connections in the Information Management community \_\_\_

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**ESCC is strengthened when it includes representation from the people it serves. Please provide us with the following demographic information:**

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Age	<input type="checkbox"/> Under 55 <input type="checkbox"/> 56 to 65 <input type="checkbox"/> 66 to 75 <input type="checkbox"/> Over 76
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Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
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Would you describe yourself as representing or having strong connections to an immigrant or refugee population?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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What part of the City would you say you are most familiar with in terms of your professional experience or personal skills? (please check one)	<input type="checkbox"/> NW <input type="checkbox"/> NE <input type="checkbox"/> Central <input type="checkbox"/> SW <input type="checkbox"/> SE
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