Concerts in Care

BRINGING LIVE MUSIC TO SENIORS IN CARE

SENIORS' PROGRAMMING ADVISORY NETWORK
APPLICATION to be a representative

NAME _____
RESIDENCE _____ TOWN/CITY _____
EMAIL _____
PHONE _____

1. Please tell us why you would like to represent seniors in your area as a member of our Programming Advisory Network.

   _____
   _____
   _____
   _____

2. This is a responsible position, in which you would gather information from seniors at your own and different residences, and share it with the network on Zoom meetings. Are you comfortable with that? Yes ___ I think so ____ No _____

3. Are you a music lover or a musician, or both? _____

4. Are you comfortable with email? Yes ____ With help ____ No ____

5. Do you have your own, or easy access to a laptop or tablet? Yes ____ No ____

6. Are you familiar with Zoom? (Please check all that apply.)
   ____ I have participated in programs on Zoom.
   ____ I can click into a Zoom link on my own.
   ____ I can join Zoom with assistance.
   ____ I have no experience with Zoom.

7. Would you feel comfortable talking to people you don't know [yet!] on the phone? Yes ___ No ____

THANK YOU! We will be review and make our decisions by August 31, 2022.