

MINNEAPOLIS AQUATENNIAL SENIOR APPLICATION



MASAA APPLICATION FORM

Please print clearly.

You must be 55 or older to qualify.

Name: _____

Address: _____

Phone #s with area code (H) _____ (C) _____

Email Address: _____

A NON-REFUNDABLE APPLICATION FEE OF \$15.00 NEEDS TO BE SUBMITTED WITH THIS

FORM. PLEASE MAKE CHECK PAYABLE TO MASAA. DO NOT SEND CASH.

THIS FEE WILL GO TOWARDS YOUR MEMBERSHIP DUES ONCE YOU HAVE

COMPLETED THE SELECTION PROCESS.

THIS APPLICATION AND FEE IS DUE NO LATER THAN MAY 15th.

APPLICATION RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED.

This Application and check must be mailed to:

Minneapolis Aquatennial Senior Alumni Association

Attn: Selection Committee

1600 18th Ave NE

PO Box 18675

Minneapolis, MN 55418

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Please print clearly and complete all questions.

Employer if applicable: _____

Current or Past Occupation: _____

Medical Conditions: Allergies Dietary Needs Physical Mobility Issues

Medical Alert Card (These will be discussed further in the interview)

References other than family members:

Name	Relationship	# of Years
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Phone# / Address/ Email

Name	Relationship	# of Years
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Phone # / Address / Email

Name and phone # of Person/s who may have recommended you to apply.

Convictions:

Have you ever pled guilty or no contest to, or been convicted of, a felony or crime of moral turpitude? YES NO

Have you ever been convicted of an alcohol-related driving offense? YES NO

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Have you ever been held liable for civil penalties or damages involving sexual or physical abuse of children/adults? YES NO

If you answered YES to any of the above questions please provide further information below:

The information provided above is true and accurate.

Signature: _____ Date: _____

Authorization:

I authorize the Minneapolis Aquatennial Senior Alumni Association to conduct a background check (to include Driving and Criminal History) to aid in the evaluation of individuals applying for a position within our association and to supply any additional information as requested.

Information obtained will remain confidential and will only be used to assist in our selection process. To complete the Background check, we need the following information.

Legal Name (Please print): _____

Date of Birth: ____/____/____

Driver's License Number: _____

Signature of approval: _____ Date: _____

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Please provide the following additional information:

Past Royalty or Ambassador Positions: _____

Job experiences & Responsibilities:

Goals, Ambitions or Accomplishments: _____

Interests and Hobbies: _____

Volunteer and Community Activities: _____

Personal Biography: Please write a personal Biography 4 to 5 sentences, which may be used in all programs and introduction of you. Please write legibly and think about what makes it unique to you and your experiences. Things you may want to consider are: work, education, achievements, family and interests. Please author on a separate sheet of paper.

The information provided is true and accurate.

Signature: _____ **Date:** _____

AGAIN, APPLICATION AND FEE ARE DUE NO LATER THAN **MAY 15th**. APPLICATIONS RECEIVED AFTER THIS DATE MAY NOT BE PROCESSED.

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Att.: Selection Committee

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PO Box 18675

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Further information about the MASAA Association can be obtained by contacting Judy Holmquist at:

952-457-9724.