

Candidate for Advisory Council Membership

Area Agency on Aging of Pasco-Pinellas, Inc.

9549 Koger Blvd., Ste. 100

St. Petersburg, FL 33702

Name _____

Home Address _____ **Home Telephone:** _____

Home Fax: _____

County of Home:

Business Address _____ **Bus. Telephone:** _____

(If applicable)

Bus. Fax: _____

County of Business:

I prefer AAA mailings to be sent to: (check one) _____ Business Address _____ Home Address

E-Mail Address: _____

Occupation: _____ **Title:** _____

Age: _____ **Birthdate:** _____ **Sex:** Male _____ Female _____

Race/Ethnicity (please circle): White African American Asian Hispanic American Indian Other

Education and/or Training:

Boards/Advisory Councils You Serve On:

Volunteer Experience:

Talents/Hobbies/Skills:

Please explain experience and/or interest in aging:

Are you a participant or a caregiver of a participant of any social services, nutrition service or senior center?

Yes _____ No _____

If yes, please specify:

Referred by: _____ Date: _____