

# Candidate for Board of Directors 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**

**Cell Phone**

**County of Residence**

**Business Address**

**Bus. Telephone**

**Bus. Fax**

**County of Business**

**E-Mail Address**

**Occupation**

**Title**

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

**Race/Ethnicity**    White      African American      Asian      Hispanic      American Indian      Other

**Description of Present Employment (if applicable)**

**Education and/or Training**

**Boards/Advisory Councils You Serve On**

**Volunteer Experience**

**Talents/Hobbies/Skills**

**Please explain experience and/or interest in aging**

Referred by: \_\_\_\_\_

Date: \_\_\_\_\_

*Feel free to include a resume in addition to completion of this form  
Please note that a Background Screening will be done on all candidates.*