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 _____ **Preferred Telephone** _____
_____

County of Residence _____

Business Address _____ **Bus. Telephone** _____
(If applicable) _____

County of Business _____

E-Mail Address _____

Occupation _____ **Title** _____

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

Race/Ethnicity (please check): 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 _____

Are you interested in being considered in the future as a candidate for the AAAPP Board of Directors?
Yes_____ No ____

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.