

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.*