

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.*