

**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.*