



Area Agency on Aging

for Southwest Florida, Inc.

ADVISORY PROFILE

I PERSONAL INFORMATION

Name: _____

Residential Address: _____

_____ County _____

Telephone: _____

Date of Birth: _____ U.S. Citizen _____

Business Address: _____

_____ Profession: _____

Telephone: _____

Are you a continuous resident of Florida? _____

Race: White () Black () Hispanic () Native American or

Alaskan Native () Asian/Pacific Islanders ()

II EDUCATIONAL

Please list any degrees and professional certification or designations related to aging programs and policy making:

NAME & LOCATION	DATES ATTENDED	CERTIFICATE/DEGREE

III AWARDS/RECOGNITION

Please list any awards or recognition related to aging programs that you have received.

Sponsored by: _____



2285 FIRST STREET, FORT MYERS, FL 33901
(239) 332-4233 FAX (239) 332-3596 TDD (239) 332-7353

ELDER HELPLINE 1-866-41ELDER (1-866-413-5337) LEE COUNTY (239) 332-3049

IV ASSOCIATION MEMBERSHIP

Please list all association memberships and offices held by you that would relate to your Board membership with Area Agency on Aging for Southwest Florida.

V Please share why you are interested in serving as a board member and how your Past experiences, either volunteer or professional, may benefit your participation.

VI Are you a member of a board/staff of any agency funded by Area Agency on Aging for Southwest Florida?

YES NO

VII REFERENCES (Please list three references)

NAME ADDRESS PHONE

I certify that the information given is true and complete to the best of my knowledge.

Signature

Date