



A/K/A: Area Agency on Aging for Southwest Florida, Inc.

Charlotte

Collier

Desoto

Glades

Hendry

Lee

Sarasota

ADVISORY PROFILE

I. PERSONAL INFORMATION

Name: _____

Residential Address: _____
_____ County _____

Telephone: _____

Date of Birth: _____ U.S. Citizen _____

Business Address: _____
_____ Profession: _____

Telephone: _____

Email: _____

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.

IV. ASSOCIATION MEMBERSHIP

Please list all association memberships and offices held by you that would relate to your Board membership with Senior Choices of 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 Senior Choices of 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