



Area Agency on Aging

for Southwest Florida, Inc.

BOARD PROFILE

I PERSONAL INFORMATION

Name: _____

Residential Address: _____

_____ County _____

Telephone: _____

Date of Birth: _____ U.S. Citizen _____

Business Address: _____

_____ Profession: _____

Email: _____

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.

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.

Sponsored by: _____

DEPARTMENT OF



15201 N. CLEVELAND AVE, SUITE 1100, NORTH FORT MYERS, FL 33903

(239) 652-6900 FAX (239) 652-6999

ELDER HELPLINE 1-866-41ELDER (1-866-413-5337) LEE COUNTY (239) 652-6901



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for Southwest Florida, Inc.

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

Sponsored by:



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