



## Advisory Council Application

### 1. Personal Information:

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Residential Address: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ U.S. Citizen: yes ( ) no ( )

Current or Previous Profession: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Tel.: (office) \_\_\_\_\_ (work cell) \_\_\_\_\_

Email: \_\_\_\_\_

Are you a continuous resident of Florida? yes ( ) no ( )

Race: White ( ) Black ( ) Hispanic ( )

Native American/Alaskan Native ( ) Asian/Pacific Islander ( )

### 2. Education:

Please list any degrees and professional certification or designations held by you related to aging and disability programs.

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### 3. Professional Memberships:

Please list all association memberships and offices held by you.

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**4. Awards and Recognition:**

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

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**5. Please share why you are interested in serving as an Advisory Council member and how your past experiences, either volunteer or professional, may benefit the Advisory Council through your participation.**

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**6. Are you a member of a board or staff member of any agency funded by the Area Agency on Aging for Southwest Florida?    Yes                      No**

**7. References (Please list three references - include name, address and telephone number)**

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I certify that the information I have provided is true and complete to the best of my knowledge, and I acknowledge that my appointment to the Advisory Council must be formally approved by the Advisory Council and Board of Directors when applicable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions:**

- (1) Complete this form and email to [info@aaaswfl.org](mailto:info@aaaswfl.org) or mail to Area Agency on Aging for Southwest Florida, 15201 N. Cleveland Ave., Ste. 1100, North Ft. Myers, FL, 33903.
- (2) A copy of your resume must be included.