



**Area  
Agency  
on Aging**

FOR SOUTHWEST FLORIDA

## Advisory Council Application

Please complete this form and email a copy of your resume and driver's license to Monica Powell at [Monica.Powell@aaaswfl.org](mailto:Monica.Powell@aaaswfl.org) or mail it to 2830 Winkler Ave., Suite 112, Fort Myers, FL 33916.

**Full Name:**

\_\_\_\_\_

Last First M.I.

**Residential  
Address:**

\_\_\_\_\_

Street Apt./Unit #

\_\_\_\_\_

City State Zip Code

**What is the best way to contact you?**

Email

Call

Text

**Contact:**

\_\_\_\_\_

Email Phone Number

## Demographic & Diversity

**Date of Birth:**

\_\_\_\_\_

**Are you a veteran?**

Yes

No

**Race:**

Black

White

Hispanic

Asian/Pacific  
Islander

Native American

## Your Background

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

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

**Business/Work Phone  
Number:** \_\_\_\_\_

Are you a citizen of the U.S.? Yes  No

Are you a continuous resident of Florida? Yes  No

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

If yes, when? \_\_\_\_\_

**Area of expertise through work or education:**

Accounting

Investment

Finance

Marketing

IT/MIS

Fundraising

Planning

Business Development

Law

Other: \_\_\_\_\_

Please specify from above:

**What sector would you say you best represent?**

Healthcare

Business

Government

Higher Education

Faith-Based Organization

Disabilities

Other: \_\_\_\_\_

## Your Ability to Serve

|  |     |    |
|--|-----|----|
| I am able to regularly attend bi-monthly Board Meetings.   | Yes | No |
| I am able to serve on Committees in addition to Board Meetings.  | Yes | No |
| I am able to commit to additional time for training and retreats.  | Yes | No |
| I understand I am expected to contribute to the fundraising projects and events through personal contributions and/or by generating support from friends and other contacts. | Yes | No |
| I understand that my efforts will be dedicated to the Agency's geographic region as a whole, which includes seven counties.  | Yes | No |

## Education

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

## Professional Memberships

Please list other community boards/committees on which you currently serve and years of involvement:

Please list other aging and/or community activities in which you are involved:

## Awards and Recognition

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

## Your Views on Our Organization

Please share in a detailed response why you are interested in membership to the Advisory Council for the AAASWFL:

How may your past experiences, either volunteer or professional, benefit the Advisory Council through your participation?

Please write a brief statement of your understanding of the mission and purpose of this organization:

## References

Please list three reference – include name, email, address, and telephone number:

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Disclaimer and Signature

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.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_