



**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 Val Dockery at Valerie.Dockery@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

Ethnicity:

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:** _____