



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

Charlotte

Collier

Desoto

Glades

Hendry

Lee

Sarasota

## BOARD 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

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### III. AWARDS/RECOGNITION

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

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### 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.

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**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.**

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**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**

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**I certify that the information given is true and complete to the best of my knowledge.**

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