



**ElderSource
ADVISORY COUNCIL APPLICATION**

I. Your Contact Information:

Name: _____

Home Phone: _____ Business Phone: _____

Home Address: _____

Business Address: _____

Occupation: _____ Email: _____

II. Your Background (Please attach a resume)

What experience could you contribute to our Advisory Council? Circle as many as apply.

Advocacy Planning Education Community Relations
Public Speaking Health Care Government

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

List other aging agencies/community activities in which you have been involved: _____

List three references:

Name

Phone Number

III. Your Ability to Serve:

Will you be able to regularly attend bi-monthly Advisory Council meetings? ___Yes ___No
Will you be able to serve on Committees in addition to Advisory Council meetings? ___Yes ___No
Will you be able to commit to additional time for training and retreats? ___Yes ___No

IV. Your Views on our Organization (use reverse side for additional comments):

What is your interest in the Northeast Florida Area Agency on Aging?

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

V. Demographics

A. Date of Birth: _____

B. Sex: Male Female

C. Race/Ethnicity: White African American Hispanic Asian
Other_____

D. Recipient of Services: Yes No

Signature: _____ Date: _____