



**ElderSource
BOARD OF DIRECTORS 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 Board? Circle as many as apply.

- | | | | | |
|-------------|-----------------|------------------|---------------------|-------|
| Accounting | Management | Investment | Marketing | Legal |
| Fundraising | Advocacy | Public Relations | Education | |
| Planning | Public Speaking | Health Care | Community Relations | |

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 Board meetings? ___Yes ___No

Will you be able to serve on Committees in addition to Board 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:

Signature: _____ Date: _____

Please attach a resume.