



**BOARD OF DIRECTORS
ADVISORY COUNCIL
CANDIDATE / MEMBER PROFILE**

NAME _____

___ A profile of personal information has previously been submitted and is correct. (Skip Part I of this form).

PART I:

PERSONAL INFORMATION

RESIDENCE Address: _____

Phone: _____

Cell#: _____

Fax: _____

e-mail Address: _____

CONTACT IN CASE OF EMERGENCY: _____

Home Phone: _____ Cell Phone: _____

BUSINESS Name and Address: _____

Phone: _____

BUSINESS/PROFESSION: _____

SKILLS which may be of interest to the Area Agency:

INTERESTS or EXPERIENCE in Aging Issues: _____

Times during the year when you are not available for Agency meetings or activities:

(Continued on Reverse Side)

