



ADVISORY COUNCIL APPLICATION

4400 North Congress Avenue
West Palm Beach, FL 33407
Phone: (561) 684.5885 Fax: (561) 214.8678
<https://www.aaapbtc.org/>

Candidate Information

Date _____

Title

Name

Address

Primary Phone Number / Secondary Phone Number

Email Address

Mailing Address (if different than above)

Spouse/Partner

Organization Information

Name of business

Address

Phone / Fax

Email Address

Your position

Or

Staple your business card here

Experience

Please attach your Biography, Résumé or Curriculum Vitae in addition to completing this page.

Why would you be a valuable member of the Agency's Advisory Council?

References

Contact information for two persons most qualified to supply information about your candidacy.

Name

Relationship

Address

Contact information

Name

Relationship

Address

Contact information

Required Information

Section 1321.57 (b) of the Older Americans Act requires that the composition of the Advisory Council at a minimum, include categories specified below. Place an "X" next to each category that applies to you. Whether applying for Board of Directors of Advisory Council, please complete the following to the best of your ability.

Age sixty or over Age 46-59 Age 31-45 Age 30 or less Date of Birth: _____

Minority (circle one)

African American

American Indian

Caucasian

Other

Alaskan Native

Asian/Pacific Islander

Hispanic

Veteran

Representative of older persons (e.g., Silver Haired Legislature AARP,

National Council of Senior Citizens leadership position)

Representative of health care provider organization (e.g., employee of a home health agency)

Person with current or previous leadership experience in private or voluntary sector

Local elected official

General public relations committee

I have received service(s) funded through the Older Americans Act (transportation, congregate meals, recreation, education, homemaker)

Engagement Preferences

Center of Excellence engagement preference(s):

Charitable Giving

Healthy Living

Communications/Events

Helpline

Elder Rights

Human Resources

Emergency Management

Information Technology

Fiscal

Planning & Consumer Services

Foster Grandparent Program

SHINE

Signature

Send completed form to:

Ligia (Lee) Hardy
Area Agency on Aging
4400 N. Congress Avenue
West Palm Beach, FL 33407

Or

Fax: 561.214.5678
Attn: Ligia (Lee) Hardy

Or

Scan and email to lhardy@youradrc.org