



Application for Board of Directors

The purpose of this questionnaire is to provide information to AgeSmart's Board Functions and Nominations Committee to use in the selection of nominees for the board of Directors.

Please type or clearly print the answers requested below. Since the Board of Directors seeks a broadly representative Board, some questions may not apply to you as an individual and you should just mark them with "NA" for not applicable. If you are unclear about a question, please call Joy Paeth at 618/222-2561 for assistance.

Name: _____

Home Address: _____

Home Telephone: _____

Place of Employment: _____

Title (if applicable) _____

Business Address: _____

Business Telephone: _____

FAX (if applicable) _____

E-Mail (if applicable) _____

Date of Birth: _____ / _____ / _____

Minority Status: Native American Hispanic
 African American Asian

Check the Address to which you want correspondence sent

Home Address Business Address

Part 1: Based on your skills and interests, please indicate in rank order, the Board Committees you would be most interested in serving on. Use "1" for your first preference and so on. (This is a non-binding expression of interest and can be modified at a later date when you have more information or as the needs of the organization change.)

____ Finance ____ Policy/Procedure

____ Personnel

Part 2: Please indicate your skill areas, which can be utilized by the Agency's Board and staff.

PLEASE CHECK ALL THAT APPLY.

- | | |
|--|--|
| <input type="checkbox"/> Accounting/Financial Management | <input type="checkbox"/> Law – nonprofit, contract |
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Lobbying/Advocacy |
| <input type="checkbox"/> Computers/Software | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Media/Public Relations |
| <input type="checkbox"/> Fund/Raising | <input type="checkbox"/> Personnel Administration |
| <input type="checkbox"/> Program Development | <input type="checkbox"/> Research |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Other _____ |

Part 3: Please list organizations in which you serve/have served on the Board of Directors. Also provide the number of years of service and any positions you held as an Officer or Chairperson.

Part 4: Please list your present/past volunteer and/or charitable activities (other than Board service as described above.) Name the organization and your specific participation:

Part 5: Please list the church/organization(s) in which you are currently an active member.

Part 6: Please list the educational degree(s) you have obtained and the school(s), which conferred them:

Degree

School

Degree

School

Part 7: (A) If employed, please list your employer's major products and/or services. If retired, please list the major products and/or services of the employer with whom you have the strongest current relationship:

(B) Please indicate the responsibilities you have or had within the above organization:

(C) If employed, does your employer make philanthropic contributions to not-for-profit organizations or have a matching gifts program for employee/retiree contribution to not-for-profit organizations?

yes no will check

(D) If employed, can your employer provide in-kind goods and services (e.g., equipment donations, consulting services, printing, etc.)?

yes no will check

Part 8: Please list all the counties (Bond, Clinton, Madison, Monroe, Randolph, St. Clair, and Washington) in which you have **strong ties** with business leaders, politicians, media, academic institutions, health care or long term care institutions, retirement living facilities, social service agencies.

Thank you for your interest

PLEASE RETURN WITHIN TWO WEEKS OF RECEIPT

Return to:

Membership Committee
AgeSmart Community Resources
2365 Country Road
Belleville, IL 62221