



## Application for Advisory Council Membership

The purpose of this questionnaire is to provide information for AgeSmart's Nominations Committee to use in the selection of nominees for the Advisory Council membership.

Please type or clearly print the answers requested below. Since the Nomination Committee seeks a broadly representative Council, some questions may not apply to you as an individual and you should just mark them with "NA" for not applicable. If you have any questions, please call the AgeSmart office at 618-222-2561 for assistance.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Personal Email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Preferred Contact:  Home  Cell  Work

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Optional)

Minority Status:  Native American  Hispanic  African American  Asian

Please provide the following information if applicable:

Place of Employment: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-Mail (if applicable): \_\_\_\_\_

Check the Address to which you want correspondence sent:

Home Address  Business Address

**Part 1:** Please indicate your skill areas, which can be utilized by AgeSmart’s Advisory Council and staff.

PLEASE CHECK ALL THAT APPLY.

- Accounting/Financial Management
- Law – nonprofit, contract
- Board Development
- Lobbying/Advocacy
- Computers/Software
- Marketing
- Education/Training
- Media/Public Relations
- Fund/Raising
- Personnel Administration
- Program Development
- Research
- Strategic Planning
- Other \_\_\_\_\_

**Part 2:** Please list organizations in which you serve/have served on the Advisory Council/Board of Directors. Also provide the number of years of service and any positions you held as an Officer or Chairperson.

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**Part 3:** Please list your present/past volunteer and/or charitable activities (other than Council/Board service as described above.) Name the organization and your specific participation:

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**Part 4:** Please list the organization(s)/religious affiliations in which you are currently an **active** member.

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**Part 5:** Please list the Colleges/Universities you’ve attended, and the degrees received:

_____	_____
College/University	Degree
_____	_____
College/University	Degree

**Part 6:** (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:

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

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

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At the onset of your service on the Advisory Council of AgeSmart Community Resources there will be a background check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your interest!*

**PLEASE COMPLETE & RETURN TO:**  
Nomination Committee  
AgeSmart Community Resources  
7 Bronze Pointe S, Suite B  
Swansea, IL 62226