



Application for Board of Directors

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

If you are unclear about a question, please call Joy Paeth at 618/222-2561 for assistance.

Name: _____

Home Address: _____

Phone: _____/Mobile_____

Place of Employment: _____
(if applicable)
Title: _____

Business Address: _____

Business Telephone: _____

Check the Address to which you want correspondence sent

Home Address Business Address

E-Mail: _____

Date of Birth: _____/_____/_____

Minority Status: Native American African American
 Asian/Pacific Islander Caucasian
 Hispanic Non-Hispanic
 Other _____

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 nonbinding expression of interest and can be modified at a later date when you have more information or as the needs of the organization change.)

____ Personnel, Membership Committee

____ Finance, Property & Review Committee

____ Policy, Procedure & Planning Committee

Please indicate your skill areas, which can be utilized by AgeSmart Community Resources Board and staff.

PLEASE CHECK ALL THAT APPLY.

- | | |
|--|---|
| <input type="checkbox"/> Accounting/Financial Management | <input type="checkbox"/> Law |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Government Relations |
| <input type="checkbox"/> Web Development | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Education/Training | <input type="checkbox"/> Media/Public Relations |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Personnel |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Medicine |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Other _____ |

Please list past Board experience and/or nonprofit activities

Thank you for your interest

Signature

Date

Return to:

Personnel and Membership Committee
AgeSmart Community Resources
801 West State Street
O'Fallon, IL 62269