



## Application for Development Association for the Aging

The purpose of this questionnaire is to provide information to the Development Association for the Aging's Board Functions.

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             African American  
                          Asian/Pacific Islander     Other \_\_\_\_\_  
                          Hispanic                         Non-Hispanic

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 the DAA.

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 2:** 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.

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

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**Part 4:** Please list the Faith or Religious tradition(s) in which you are currently an active member.

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**Part 5:** Please list the educational degree(s) you have obtained and the school(s), which conferred them:

_____	_____
Degree	School
_____	_____
Degree	School

- 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:  
\_\_\_\_\_
- (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 7:** 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.

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\_\_\_\_\_

At the on set of your service on the Board of Directors of the Development Association there will be a background check.

*Thank you for your interest*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN WITHIN TWO WEEKS OF RECEIPT**

Return to:

Development Association for the Aging  
801 W. State St.  
O'Fallon, IL 62269