



Northwest Florida Area Agency on Aging, Inc  
 Aging and Disability Resource Center  
 5090 Commerce Park Circle  
 Pensacola, Florida 32505  
 850.494.7101 or 1.866.531.8011 toll free  
[www.nwflaaa.org](http://www.nwflaaa.org)



**Board of Directors Candidate Application**

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

Name: \_\_\_\_\_  
First MI Last Familiar Name

**Residence:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: (Optional) White \_\_\_ Black \_\_\_ Asian \_\_\_ Other \_\_\_  
Month Date Year

**Employer (If applicable):**

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

Your Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Business or Organization: \_\_\_\_\_

Primary service(s) and area/population served: \_\_\_\_\_

Preferred method of contact ( ) Work ( ) Residence

**Please list boards and committees that you serve on, or have served on** (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Education/Training/Certificates:**

---

---

---

**Optional** – Have you received any awards or honors that you’d like to mention?

---

---

How do you feel the **Northwest Florida Area Agency on Aging-Aging and Disability Resource Center** would benefit from your involvement on the Board?

---

---

---

**Skills, experience and interests** (Please circle all that apply)

- |                                  |                        |
|----------------------------------|------------------------|
| Finance, Accounting              | Education, instruction |
| Personnel, Human Resources       | Special Events         |
| Administration, Management       | Grant writing          |
| Nonprofit Experience             | Fundraising            |
| Community Service                | Outreach, Advocacy     |
| Policy Development               | Other _____            |
| Program Evaluation               | Other _____            |
| Public Relations, Communications | Other _____            |

Please list any groups, organizations or businesses that you could serve as a liaison to on behalf of **Northwest Florida Area Agency on Aging, Inc. - Aging and Disability Resource Center**

---

---

---

**Thank you very much for applying**  
**Return to Northwest Florida Area Agency on Aging, Inc.**  
**Attention Amber McCool**  
**or via E-mail [mccoola@elderaffairs.org](mailto:mccoola@elderaffairs.org)**