



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

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

Telephone #: (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

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

M F (circle one) Age: \_\_\_\_\_

Education Background: \_\_\_\_\_

If currently employed, name of employer and current position: \_\_\_\_\_

If retired, occupation and/or former employer: \_\_\_\_\_

List organizations and activities you have been involved with in our community and leadership positions held:

What has been your involvement with seniors activities in the community:

Indicate committee(s) you are willing to serve on with CCCOOA:

- Finance/Audit
- Fundraising/Events
- Personnel/Policy
- Endowment
- Nominating

What do you see as some of the challenges facing seniors in our community:

---

---

---

If interested in serving on the Board of Directors, please initial the following:

---

\_\_\_\_ I am able to attend regular monthly Board of Directors meetings on the 3<sup>rd</sup> Tuesday of each month at 3:00 PM.

\_\_\_\_ I am able to commit to at least one quarterly Committee meeting as determined by Committee Chair.

\_\_\_\_ I understand serving on the Board is a three year commitment.

---

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

Thank you for your interest and taking the time to tell us about you.

---

Information Below for Board Use Only

---

Board Member making this recommendation/nomination: \_\_\_\_\_

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

Indicate:

- Recommended to serve as a volunteer.
- OR
- Nominated to serve on the Board of Directors.