

CCCOA Board Member Interest & Community Engagement Form

Cumberland County Council on Older Adults

CCCOA welcomes interest in Board service and volunteer engagement throughout the year. Board positions are limited and filled through the Nominating Committee and Board process established by the CCCOA Bylaws. Submission of this form does not guarantee nomination or election to the Board.

How the Board Consideration Process Works

- Applications may be submitted throughout the year and are maintained by the CCCOA office for access by the Nominating Committee.
- After receipt, the Board Chair will acknowledge your interest; the Nominating Committee Lead will explain the process and annual timetable; and the Executive Director will discuss CCCOA programs and volunteer opportunities.
- Prospective Board candidates are generally reviewed and oriented during September and October. The Nominating Committee presents its recommended slate to the Board in November for the next calendar year, consistent with the Bylaws.
- Candidates will be notified following completion of the Board selection process. The committee is establishing a standard notification timeframe.
- If you are not selected for the Board during the current cycle, you may choose to remain engaged through volunteer service, appropriate committee opportunities, and/or future Board consideration.

1. Contact & Background Information

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Education Background:

Current employer and position (if applicable):

If retired, occupation and/or former employer:

Are you age 55 or older? ☐ Yes ☐ No ☐ Prefer not to answer

List organizations, community activities, and leadership positions in which you have participated:

Describe your involvement with older adults/senior activities in the community:

What do you see as important challenges or opportunities facing older adults in Cumberland County?

2. How Would You Like to Serve CCCOA?

Please check all that apply. Selecting more than one option is welcomed.

☐ I am interested in being considered for the CCCOA Board of Directors when a position is available.

☐ I am interested in volunteering with a CCCOA program or activity.

☐ I am interested in serving on an appropriate CCCOA committee if an opportunity is available.

☐ If I am not selected for the Board during the current nomination cycle, please contact me about volunteer and/or appropriate committee opportunities.

☐ If I am not selected during the current cycle, I would like my Board interest to remain on file for future consideration.

3. Volunteer Areas of Interest

☐ Meals on Wheels

☐ Telephone Reassurance

☐ Senior Companion Program

☐ Fundraising and Community Events

☐ Endowment and Sustainability Support

☐ Other: _____

☐ I would like CCCOA staff to help identify an opportunity that fits my interests and experience.

4. Committee Interests

Please indicate committees you may be willing to serve on. Non-Board committee participation is subject to the Bylaws and Board determination as appropriate.

☐ Finance/Audit

☐ Fundraising/Events

☐ Personnel/Policy

☐ Endowment

☐ Nominating

☐ Other/Special Committee, if established: _____

5. Board Service Expectations

If you are interested in Board service, please initial each statement:

_____ I am able to attend regular monthly Board meetings on the third Tuesday of each month.

_____ I am able to commit to committee meetings as scheduled by the applicable committee.

_____ I understand that Directors are elected for a three-year term and may be reelected for another term, subject to the CCCOA Bylaws.

_____ I understand that submitting this form does not guarantee nomination or election to the Board.

_____ I understand that volunteer or committee service may provide opportunities to engage with CCCOA but does not guarantee future Board membership.

6. Skills & Experience That May Support CCCOA

Please identify areas in which you may be able to contribute. This information helps CCCOA consider current organizational and Board needs; no single area is required.

☐ Fundraising / donor development

- ☐ Networking / community partnerships
- ☐ Communications / media / marketing
- ☐ Older adult services / aging
- ☐ Healthcare / dementia experience
- ☐ Social work / human services
- ☐ Finance / audit / insurance
- ☐ Building / construction / home improvement
- ☐ Legal / governance / public policy
- ☐ Technology / data
- ☐ Other: _____

7. Applicant Acknowledgment

Signature: _____ Date: _____

Thank you for your interest in supporting CCCOA and older adults throughout Cumberland County.

For CCCOA Use Only

Date received	_____
Board Chair acknowledgment	Date: _____ Method: _____
Nominating Committee Lead contact	Date: _____
Executive Director contact	Date: _____
Volunteer referral / program	_____
Candidate orientation	Date: _____
Board introduction, if applicable	Date: _____
Nominating Committee disposition	☐ Recommend to Board ☐ Continue engagement ☐ Future consideration
Board action	Date: _____ Outcome: _____
Applicant notified	Date: _____ By: _____