



Application for Advisory Council Membership

The purpose of this questionnaire is to provide information AgeSmart's Nominations Committee to use in the selection of nominees for the Advisory Council membership.

Please type or clearly print the answers requested below. Since the Nomination Committee seeks a broadly representative Council, 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 Chief Operating Officer at 618/222-2561 for assistance.

Name: _____

Home Address: _____

Home Telephone: _____

Please provide the following information if applicable:

Place of Employment: _____

Title (if applicable) _____

Business Address: _____

Business Telephone: _____

FAX (if applicable) _____

E-Mail (if applicable) _____

Date of Birth: _____ / _____ / _____

(Optional)

Minority Status: Native American Hispanic

- African American Asian

Check the Address to which you want correspondence sent

- Home Address Business Address

Part 1: Based on your skills and interests, please indicate in rank order, the Committee you would be most interested in serving on. Use "1" for your first preference and so on. (This is a non-binding expression of interest and can be modified at a later date when you have more information or as the needs of the organization change.)

____ Membership Committee

____ Evaluation Committee

Part 2: Please indicate your skill areas, which can be utilized by the Agency's Advisory Council and staff.

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 3: Please list organizations in which you serve/have served on the Advisory Council/Board of Directors. Also provide the number of years of service and any positions you held as an Officer or Chairperson.

Part 4: Please list your present/past volunteer and/or charitable activities (other than Council/Board service as described above.) Name the organization and your specific participation:

Part 5: Please list the organization(s)/religious affiliations in which you are currently an **active** member.

Part 6: Please list the educational degree(s) you have obtained and the school(s), which conferred them:

_____	_____
Degree	School
_____	_____
Degree	School

Part 7: (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 8: 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.

At the on set of your service on the Advisory Council of AgeSmart Community Resources there will be a background check.

Thank you for your interest

Signature _____

Date _____

PLEASE RETURN WITHIN TWO WEEKS OF RECEIPT

Return to:
Nomination Committee
AgeSmart Community Resources
2365 Country Road
Belleville, IL 62221