



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 3rd 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.