

EGYPTIAN AREA AGENCY ON AGING, INC.
Board & Advisory Council Nominee Profile Form

(08/16/2016)

Nominee Represents:

County Where Nominee Lives:

Under Age 60: _____

Age 60+: _____

Nominee for Egyptian AAA: (check one or both)

An Elected Official (Y/N): _____

Board: _____ Advisory Council: _____

Name of Nominee: _____

Address: _____

Business: _____

Phone: _____

Phone: _____

Email address (optional): _____

I prefer to receive mail at home _____, Business _____, or by email _____.

May we share your phone & email with the Department on Aging? Yes _____ No _____

Nominee's profession / occupation / title (specify) _____

Employer, if applicable: _____

Spouse's profession / occupation / title (specify): _____

Employer, if applicable: _____

Nominee's major organization affiliations (civic, business, elected offices, etc.): _____

Personal:

1. Race: _____ White

2. Gender: _____ Male

_____ African American

_____ Female

_____ Asian

_____ American Indian

_____ Other

3. Person/org. submitting nominee: _____
4. Has the nominee been contacted to verify interest and willingness to serve:
_____ Yes _____ No
5. Is the nominee an employee or Board member of an agency that receives funds from EAAA?
_____ Yes _____ No
6. Does the nominee fit any of the following categories?
- a. Living alone _____
 - b. Age 75 or over _____
 - c. Low income _____
7. Mark if the nominee participates in any of the following community activities.
- _____ Senior Center _____ Social, civic, or advocacy group
_____ AARP _____ Volunteer (please describe) _____
-
8. Does the nominee have transportation available to attend meetings?
_____ Yes _____ No
9. Would the nominee's employment, if any, prevent him/her from attending meetings?
_____ Yes _____ No

Signature of person submitting form: _____

Date: _____

Please return to: Egyptian Area Agency on Aging, Inc.
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Carterville, IL 62918
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Toll-free: 1-888-895-3306
Fax: (618) 985-8315
Email: egyptianaaa@egyptianaaa.org