



## Board of Directors New Candidate Form

Name: Stephanie Evans-Ariker

Primary phone: (904)635-9651 cell

E-mail: gabelle01@gmail.com

Home Address: 36 Brownell Street, New Haven, CT 06511

Age:  21-59  60+

Ethnicity:  African-American  Caucasian  
 Hispanic/Latino  Asian/Pacific Islander  
 Native American (Indian)  Other: \_\_\_\_\_

Please check relevant experience and knowledge (also attach résumé, if available.)

<input checked="" type="checkbox"/>	not-for-profit	<input checked="" type="checkbox"/>	program development
<input checked="" type="checkbox"/>	social services		past or present caregiver
<input checked="" type="checkbox"/>	gerontology	<input checked="" type="checkbox"/>	corporate/business
<input checked="" type="checkbox"/>	healthcare		local government
	mental health		human resources
	theology/ministry		legal
	public relations/communications		information technology
	policy/advocacy		financial/tax

What lead to your interest in the AOASCC? I have partnered with AOASCC for since 2012 and support the mission and believe in the services provided to older adults and family caregivers. Have received prior finding support as well as served on several committees.

How will your background and life experiences enrich the membership of the Board?

I have 26 years in healthcare and LTC serving in a frontline, administrative, and leadership capacity. I have run a non-profit as well as for profit businesses which deal with needs of older adults and family caregivers. I bring compassion, collaborative spirit, integrity and forward thinking to my approach in all that I do.

The following section is required to evaluate potential for conflict of interest. Please note that Section 4.5 of the Bylaws of the Agency on Aging of South Central Connecticut, Inc. (the Agency), states:

*Individuals on staff or the Board of Directors of any private organization, municipality, or sub-part thereof that receives or is currently seeking to receive funding from the Agency are ineligible for membership on the Board of Directors and the Allocations Committee.*

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My current principal employment is as follows:

Name of employer:           Artis Senior Living of Branford

Address of employer:       814 E.Main Street; Branford, CT 06405

Position with employer:   Executive Director

I am not currently employed

Please list three personal references:

Name: Ms. Susan Shultz                   sshultz@aoascc.org       (    )    -    

Name: Mary Underwood           munderwood@artismgmt.com       (    )    -    

Name: Dr. Beverly Kidder           bkidder@aoascc.org               (    )    -    

I am a member of the Board of Directors of the following agencies:

None at the present time d/t COVID

I am a past member of the Board of Directors of the following agencies:

Junior League of Greater New Haven

CT. Coalition on Aging

Are you related to an employee of the AOASCC?        Yes        No

If yes, indicate name of employee: \_\_\_\_\_

Relationship with employee: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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**This section for Membership Committee use only:**

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Having reviewed the above, the committee has determined that this candidate:

\_\_\_\_\_ is eligible for membership in the FY' \_\_ year (10/1/ \_\_\_\_\_ - 9/30/\_\_\_\_\_)

\_\_\_\_\_ is ineligible for membership - reason for ineligibility:

\_\_\_\_\_

\_\_\_\_\_ meets the following priority indicators for membership (please list):

\_\_\_\_\_

\_\_\_\_\_