



Board of Directors Interest Form

Name: _____

Primary phone: _____ This is my: home work cell

E-mail: _____

Home Address: _____

If employed:

Company Name: _____ Town: _____

Title/Position: _____

AOASCC by-laws require 51% of Board members to be 60 or older, what is your age? Are you 60 or older? yes no

What led to your interest in the AOASCC?

Please indicate your areas of training, expertise and experience.

<input type="checkbox"/>	Administration/management
<input type="checkbox"/>	AAA Advisory Council
<input type="checkbox"/>	Advocacy/public policy
<input type="checkbox"/>	Caregiving
<input type="checkbox"/>	Education
<input type="checkbox"/>	Entrepreneurship
<input type="checkbox"/>	Financial: accounting/auditing/budgeting
<input type="checkbox"/>	Financial: investments
<input type="checkbox"/>	Fundraising
<input type="checkbox"/>	Gerontology
<input type="checkbox"/>	Government: legislative
<input type="checkbox"/>	Government: administrative departments and agencies
<input type="checkbox"/>	Board governance/nonprofit management/other
<input type="checkbox"/>	Grantsmanship: research/writing
<input type="checkbox"/>	Health care/medicine/geriatrics
<input type="checkbox"/>	Human resources
<input type="checkbox"/>	Insurance
<input type="checkbox"/>	Law
<input type="checkbox"/>	Marketing
<input type="checkbox"/>	Pastoral counseling/care
<input type="checkbox"/>	Public relations
<input type="checkbox"/>	Real estate
<input type="checkbox"/>	Social Media
<input type="checkbox"/>	Strategic Planning
<input type="checkbox"/>	Technology

Anything else you would like to tell us about yourself?



Board of Directors Candidate Form

Name: _____ Date: _____

Please tell us more about yourself:

Ethnicity:

- | | |
|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latinx |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Native American/ Indian |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Other race/ethnicity |

Optional: We ask as part of our commitment to diversity and inclusion, reflective of the community we serve. Please check any that apply. Do you consider yourself.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Man | <input type="checkbox"/> Self-employed/Employed |
| <input type="checkbox"/> Woman | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Non-Binary | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> LGBTQ+ | <input type="checkbox"/> Have a disability or disabling condition |

Tell us about your community connections:

- | | |
|--|---|
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Media |
| <input type="checkbox"/> Education | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Faith-based organizations | <input type="checkbox"/> Political |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Small business
Social service |

Other: _____

Tell us about your personal qualities and style:

- | | |
|---|--|
| <input type="checkbox"/> Leadership skills/motivator | <input type="checkbox"/> Implementer/gets things done |
| <input type="checkbox"/> Willingness to work/availability | <input type="checkbox"/> Strategist/asks great questions |
| <input type="checkbox"/> Personal connection with the mission | <input type="checkbox"/> Visionary |
| <input type="checkbox"/> Catalyst for change | <input type="checkbox"/> Money to give |
| <input type="checkbox"/> Consensus builder | <input type="checkbox"/> Access to other potential individual donors |
| <input type="checkbox"/> Good communicator | <input type="checkbox"/> Access to other resources (e.g., foundations,
corporate support) |
| <input type="checkbox"/> Mediator | |

Other: _____

Additional Information:

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

Although we do not always check references, we do ask that you provide up to three contacts who can speak to your background and experience.

Name: _____ Telephone number: _____

Name: _____ Telephone number: _____

Name: _____ Telephone number: _____

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

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

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

If yes, indicate name of employee: _____

Relationship with employee: _____

Please return this form along with a resume to info@aoascc.org.