

Application for Election to the  
Board of Directors

Council on Aging Services for Seniors

30 Kawana Springs Road, Santa Rosa, CA 95404, (707) 525-0143

Name	<input type="text"/>	Occupation	<input type="text"/>
Address	<input type="text"/>		
Email	<input type="text"/>	Telephone	<input type="text"/>

**Your Background**

What education, skills or experience could you contribute to our board?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> accounting or financial    | <input type="checkbox"/> management       | <input type="checkbox"/> education              |
| <input type="checkbox"/> legal                      | <input type="checkbox"/> marketing        | <input type="checkbox"/> fundraising            |
| <input type="checkbox"/> organizational development | <input type="checkbox"/> public relations | <input type="checkbox"/> information technology |
| <input type="checkbox"/> strategic planning         | <input type="checkbox"/> social services  | <input type="checkbox"/> professional skills    |
| <input type="checkbox"/> other                      | Please Explain <input type="text"/>       |   |

**Your Availability to Serve**

Could you regularly attend Board Meetings? (Currently held the 4th Tues. of the month at 5:30 pm)	Yes <input type="text"/>	No <input type="text"/>
How many hours might you have available per month to serve this organization?	Hours per month	<input type="text"/>
Would you contribute financial or in-kind support to this organization?	Yes <input type="text"/>	No <input type="text"/>
Would you participate in fund-raisers for this organization or help identify potential donors?	Yes <input type="text"/>	No <input type="text"/>

**Your Interest in Council on Aging**

What is your interest in Council on Aging?

Have you had any previous involvement with Council on Aging?

What other nonprofit boards have you served on?

References (list names, telephone and email)

First Reference

Second Reference

Signature  Date