

NORTH CENTRAL AREA AGENCY ON AGING, INC.
151 NEW PARK AVENUE, BOX 75
HARTFORD, CT 06106
PHONE: (860) 724-6443
FAX: (860) 251-6107

BOARD OF DIRECTORS
ADVISORY COUNCIL
CANDIDATE / MEMBER PROFILE

NAME _____

___ A profile of personal information has previously been submitted and is correct. (Skip Part I of this form).

PART I:
PERSONAL INFORMATION

RESIDENCE Address: _____

Phone: _____

Cell#: _____

Fax: _____

e-mail Address: _____

CONTACT IN CASE OF EMERGENCY: _____

Home Phone: _____ Cell Phone: _____

BUSINESS Name and Address: _____

Phone: _____

BUSINESS/PROFESSION: _____

SKILLS which may be of interest to the Area Agency: _____

INTERESTS or EXPERIENCE in Aging Issues: _____

Times during the year when you are not available for Agency meetings or activities:

(Continued on Reverse Side)

COMMUNITY OR STATEWIDE ACTIVITIES

ADDITIONAL COMMENTS or Information:

PART II

ANNUAL DECLARATION CONCERNING CONFLICTS OF INTEREST

In order to avoid conflicts of interests, I hereby agree to avoid participation in, discussion of, or in any way influencing the vote of the Board or the Agency on any issue affecting any other board, commission or committee on which I serve.

DATE: _____ **SIGNATURE:** _____

PART III

DEMOGRAPHIC INFORMATION

To ensure that the Agency’s Board is representative of the population which the Agency serves, the Agency is obliged to request the following information:

Age: Over 60 Under 60

Gender: What sex were you assigned at birth, on your original birth certificate?

Male Female

How you describe yourself?

Male

Female

Transgender

Race:

White/Non-Hispanic

White/Hispanic

Black/African-American

Asian

Native American/Alaskan Native

Native Hawaiian/Pacific Islander

Other