



B/S/S/T Area Agency on Aging, Inc.
Serving Bradford, Sullivan, Susquehanna and Tioga Counties

220 Main Street, Unit 2, Towanda, PA 18848
1-800-982-4346 – 570-265-6121 - 570 265-5680 (fax)

Board of Directors Candidate Application

Tiffani Warner **email address:** twarner@bsstaaa.org

Please return this application to the above address by: _____

Date: _____

Name: _____
First MI Last

Address: _____

Phone: _____ **Email** _____

County: _____

Current Employer

Name: _____

Title: _____

Address: _____

Type of Business or Organization: _____

Responsibilities: _____

Time Frame: _____

Previous Employer

Name: _____

Title: _____

Address: _____

Type of Business or Organization: _____

Responsibilities: _____

Time Frame: _____

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social).

Organization	Role/Title	Dates of Service
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education/Training/Certificates

Optional – Have you received any awards or honors that you'd like to mention?

How do you feel the Area Agency on Aging would benefit from your involvement on the Board?

Skills, experience and interests (Please check all that apply)

Finance, accounting
Personnel, human resources
Administration, management
Nonprofit experience
Community Service
Policy development
Program evaluation
Public relations, communications

Grant writing
Fundraising
Outreach, advocacy
Other _____
Other _____
Other _____

Please tell us anything else you'd like to share:

Thank you.