

Central Vermont Council on Aging

59 North Main Street, Suite 200 Barre, Vermont 05641

Board of Directors Candidate Application

Date			
Name First			
First	MI	Last	Familiar name
Address			
Phone	E-n	nail	
Current or Most Recent E	mployer		
Name			
Title and/or Position			
City/State			
Type of business or organiz	zation		
Currently Employed? Yes _	No		
Please list boards and co (business, civic, commun religious, social).	•		
Organization	Role/Titl	е	Dates of Service
			·

v do you feel CVCOA would benefit fr	om your involvement on the Board
Is, experience and interests: (Please Finance, accountingPersonnel, human resourcesAdministration, managementNonprofit experienceCommunity servicePolicy developmentProgram evaluationPublic relations,communications	Education, instruction Special events Grant writing Fundraising Outreach, advocacy Other Other
Please list any groups, organization serve as a liaison to on behalf of C	-