



2017 Nomination/Qualification Form LeadingAge Policy Congress Advocate Trustee

AUTHORIZATION: As noted in Article VI, Section 3, Paragraph f, of the LeadingAge Florida Bylaws

The Board shall be comprised of the elected officers; Chair-Elect; the Immediate Past Chair; the Region Chairs; two At-Large Trustees; one Associate Trustee; and any LeadingAge Florida elected representative to the LeadingAge, Inc. Policy Congress.

PROCESS: *The Governance Committee shall issue a call for nominations to the membership prior to the selection process, listing the elective office positions available and the necessary qualifications. The Governance Committee shall review nominations and recommend a single slate of candidates to be presented to LeadingAge Florida members at the Annual Membership Business Meeting at the Convention in July 2017.*

QUALIFICATIONS:

- A. You must be a current member of a not-for-profit LeadingAge Florida member community/organization;
- B. You must be an appointed representative of a LeadingAge Florida member community/organization who is serving in an administrative capacity.
- C. Be willing to attend LeadingAge, Inc. (NATIONAL) Policy Congresses.
- D. **Application Deadline:** April 21, 2017
- E. **Term Limit:** No individual shall serve on the Board for more than eight (8) consecutive years not including any time served as Regional Chair, Chair-Elect, or Immediate Past Chair, except ex-officio Board members may complete their current terms of office.

APPLICATION/NOMINATION - LEADINGAGE POLICY CONGRESS ADVOCATE TRUSTEE

1. I, _____, do wish to qualify for the position of **Advocate Trustee**.
- 1a. I, wish to nominate _____ for the position of **Advocate Trustee**.
2. The applicant is officially related to the following non-profit LeadingAge Florida member community/organization:
_____ Position title is: _____
3. This LeadingAge Florida member community/organization type is: **(Please check all applicable categories.)**
 Affordable Housing; Continuing Care or Senior Retirement Community (CCRC); Nursing Home Assisted Living;
 Home Based Community Care (HCBS); Other please specify: _____
4. Applicant has been related to a LeadingAge Florida member community for the past _____ consecutive years.
5. **Contact Information:**
 Street: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Email: _____
6. **Specific Qualifications:** Please attach applicant resume, and list below all LeadingAge Florida committees served on and offices held (including dates) and any other training, experience, awards, or service rendered. (Use additional page if needed.)

7. With my signature I certify that the above information is correct and that; I am qualified to submit my name in nomination; OR I am nominating the applicant named above for the position of LeadingAge Policy Congress Advocate, and if either I, or my nominee, is elected to serve, we will report to the LeadingAge Florida Board of Trustees about the issues discussed, policies adopted by the LeadingAge Policy Congress, and general program of LeadingAge, Inc. (National).

Print Name

Date

Signature

Please return application and headshot photo to Dawn Jiménez at Dawn@LeadingAgeFlorida.org or mail to:
LeadingAge Florida, 1812 Riggins Road, Tallahassee, Florida 32308, (850) 671-3700