



Florida Association of Homes and Services for the Aging

2010 Qualification Form
American Association of Homes and Services for the Aging
(AAHS) HOUSE OF DELEGATES REPRESENTATIVE

Qualification Requirements:

- 1. You must be a current member of a nonprofit FAHSA and AAHSA-member community/organization.
2. You must have an expressed willingness to represent FAHSA and report to the FAHSA Board and Membership.
3. You must have a two (2) year official affiliation with a FAHSA-member community/organization.
4. You must be an appointed representative of a member community/organization serving in an administrative capacity.

Term Limits: Two (2) consecutive three-year terms

- 1. I, \_\_\_\_\_, do wish to qualify for the position noted above.
2. I am officially related to the following FAHSA member community/organization:

\_\_\_\_\_ My position is: \_\_\_\_\_
(Please specify administrative capacity/job title)

- 3. This FAHSA member community/organization type is: (Please check all applicable categories)

\_\_\_\_\_ Affordable Housing (HUD) \_\_\_\_\_ Continuing Care or Senior Retirement Community
\_\_\_\_\_ Nursing Home \_\_\_\_\_ ALF
\_\_\_\_\_ HCBS \_\_\_\_\_ Other, please specify: \_\_\_\_\_

- 4. I have been related to the above, or another FAHSA member community/organization for the past \_\_\_\_\_ consecutive years.

- 5. Address, Telephone Number, Email Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- 6. Specific Qualifications: Please attach a resume, and list below all FAHSA committees served on and offices held (including dates) and any other training, experience, awards, or service rendered (use additional page if needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 7. I hereby certify that the above information is true and correct, that I am qualified to submit my name as a candidate to run for the position, and that I will regularly report to the FAHSA Board and Membership regarding my activities on the AAHSA House of Delegates and on the General Program of AAHSA if I am elected.

Signature

Date

Please return your completed Qualification Form and a photo of yourself to the FAHSA Office at:
1812 Riggins Road, Tallahassee, FL 32308