



Florida Association of Homes and Services for the Aging

2010 Qualification Form

AT-LARGE TRUSTEE Member of the FAHSA Board of Trustees

Qualification Requirements:

- 1. You must be a current member of a nonprofit FAHSA-member community.
2. You must have a two (2) year official affiliation with a FAHSA-member community/organization.
3. 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 am certifying with my signature that the above information is true and correct, and that I am qualified to submit my name as a candidate to run for the position.

Signature

Date

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