

BOARD/COMMITTEE MEMBER PROFILE RECORD

LEGAL NAME:			
(first name) (midd	le name) (last name)		
DEMENTIA FRIENDLY LIFE BOARD/COMMITTEE:			
CONTACT INFORMATION: PLEASE CIRCLE THE EMAIL AND STREET ADDRESS WHICH YOU PREFER TO RECEIVE MAIL FROM DEMENTIA FRIENDLY LIFE			
HOME	WORK		
ADDRESS:	Address:		
HOME BUONE	WORK PHONE:		
HOME PHONE:	WORK PHONE.		
CELL PHONE:			
PERSONAL EMAIL:	WORK EMAIL:		
F ERSONAL LIVIAIL.	WORK LIMAIL.		
PERSONAL INFORMATION			
EXPERTISE:			
PLEASE SELECT NO MORE THAN THREE AREAS IN WHICH YOU CONSIDER YOURSELF TO HAVE AN			
EXPERTISE.			
□ BUSINESS	□ Marketing		
	☐ MEDICAL/CLINICAL (CLINICIAN)		
☐ FINANCE/ACCOUNTING/AUDIT	,		
GOVERNANCE	□ MERGERS & ACQUISITIONS		
☐ HEALTH INSURANCE☐ HEALTHCARE MANAGEMENT	□ MISSION□ POPULATION HEALTH		
□ HUMAN RESOURCES	□ POPOLATION FIEALTH		
□ LEGAL			
= 	☐ STRATEGIC PLANNING		
RACE/ETHNICITY:			
☐ BLACK/AFRICAN AMERICAN ☐ C.	AUCASIAN		
□ ASIAN □	LATINO OTHER		
COUNTRY/STATE OF BIRTH:			
COUNTRIVETATE OF BIRTH.			
BIRTHDAY: SOC	CIAL SECURITY:		
MM/DD/YYYY)			
F			
EMERGENCY			
CONTACT NAME/NUMBER:			
IVANICINOBER.			

PLEASE ATTACH A COPY OF YOUR MOST RECENT RESUME

Boards and Committees

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

<u>Organization</u>	Role / Title	Dates of Service
	Awards	
	Please list any awards or honors that you would lik	e to mention.
	Other	
	Please tell us anything else you would like to	share.