

UMaine Center on Aging Faculty and External Associates Application



Camden Hall
 25 Texas Ave
 Bangor, ME 04401
 Office: 207-262-7920 * Fax: 207-262-7921

Instructions: Please fill out and return this form with a current resumé or CV to Jennifer Crittenden, Associate Director at jennifer.crittenden@maine.edu or by mail to the address above.

Associate Profile Form

Last Name	First Name	Middle Initial	Today's Date
Mailing Address: Street Address		City	State
			Zip Code
Work Phone: (____) _____ - _____ Other Phone: (____) _____ - _____ E-mail: _____		Would you like your contact information listed in our associates directory or shared with any other associates who are interested in collaborating? Please check all that apply. <input type="checkbox"/> Directory Listing <input type="checkbox"/> Sharing with individual associates <input type="checkbox"/> N/A-Do not share my contact information	

Are you applying to be a faculty or external associate? Faculty External

FOR FACULTY ASSOCIATES: If you are a UMaine System faculty or staff member, please circle your campus:

Augusta Farmington Fort Kent Machias Orono Presque Isle University of ME Law School USM

If you are not affiliated with a UM campus, please list your current academic affiliation/institution:

FOR EXTERNAL ASSOCIATES: If you are seeking external associate status, please provide your title and organization:

Please provide a brief description of your area(s) of expertise and how it relates to aging:

Please briefly describe your interest in the Center on Aging associates program. What do you hope to gain through your associate status? What current projects, work, committees, research, or interests do you have that will benefit from associate program participation? (attach additional sheet if needed).

Please provide your name as you would like it featured in our associates listing including prefix, suffix, degrees, or certifications: (for example: John S. Smith Jr., PhD, Jane Smith, LCSW, etc.):

Center on Aging Associate status is awarded in three-year terms and is subject to satisfying the obligations outlined in the attached program outline. If you have any questions about the program, please contact Jennifer Crittenden, CoA Associate Director, at jennifer.crittenden@maine.edu or 207-262-7923.

I have reviewed the Center on Aging Associates Program benefits and obligations and wish to be considered for associate status.

Signature

Date

Print Name

For CoA Internal Use:

Date Received: _____ Date Reviewed: _____ Notification Date: _____ Appt. Term: _____ to _____