

City of Rockford Health & Human Services

CAA Board Member Profile



Name: Jeffrey Bailey Home Address: _____
Email Address: jdbail944@gmail.com Cell Phone: _____ Other Phone: _____
Employer: _____ Work Phone: _____
Work Address: _____
Title: _____ Job Description: Advocacy

Gender: Male Female Age: _____ Education: _____

Specialized degrees, trainings or certifications held: Quality Mgmt

Race: Check only one

- Native American/Alaskan (Indian or Eskimo) Tribal Affiliation Yes No
 Black/African American Asian Native Hawaiian/Pacific Islander
 White

Ethnicity: Hispanic Non Hispanic

Do you need special accommodations such as a wheelchair, interpreter etc.? Yes No

If yes, please specify: _____

Where do you volunteer and what do you do with those organizations? NICNE, Sustain Rkfd, CFNIL

Below is a list of areas where the Department needs assistance with. Please check the ones you would like to offer your assistance with:

- Advocacy Public Awareness Committee
Legal/Technical Review Committee
Community Relations Committee