



City of Rockford Health & Human Services  
CAA Board Member Profile

<b>Name:</b> Shelton Kay	<b>Home Address:</b> Rockford IL 61101
<b>Email Address:</b> Shelton@Rockfordhealth.org	<b>Home Phone:</b> _____ <b>Cell Phone:</b> _____
<b>Employer:</b> Rockford Regional Health Council <b>Title:</b> Executive Director	<b>Work Address:</b> Rockford 61107 <b>Work Phone:</b> _____
<b>Job Description:</b> Director	
Demographic Information:	
<b>Gender:</b> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> <b>Age:</b> 70 <b>Education:</b> B.A. <b>Race/Ethnicity</b> (check only one) : Caucasian <input type="checkbox"/> African American <input checked="" type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/>	
<b>Do you have a disability:</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Do you need special accommodations such as a wheelchair, interpreter etc.?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>If yes, please specify:</b> _____	
<b>Where do you volunteer and what do you do with those organizations?</b> CCS, Remedies Renewing Lives, GoRockford - Board Member	
<b>Specialized degrees, trainings or certifications held:</b> _____	
<b>Below is a list of areas where the Department needs assistance with. Please place a check mark next to the ones you would like to offer your assistance with:</b>  Advocacy Public Awareness Committee <input checked="" type="checkbox"/> Legal/Technical Review Committee <input type="checkbox"/> Community Relations Committee <input checked="" type="checkbox"/>	