

TALENT BANK INFORMATION QUESTIONNAIRE

To be completed by persons desiring to volunteer their services on the HISTORIC PRESERVATION Authority, Board or Commission for Augusta-Richmond County.

NOTE: Any information entered on this questionnaire would become public information upon your appointment.

Date 9/24/2008

1. Name JAMES T. ANDERSON (Summary)

Home Phone 706 737-9211 Bus Phone 706 667-8227

2. Address 949 Jolkin's Rd Richmond GA 30504
Street County State Zip

3. Date of Birth 3/20/49 Sex: Male Female

4. Registered Voter: Yes No

5. Voting District DISTRICT 10

6. Marital Status: Single Married Separated
Engaged Divorced

7. Education: High School RICHMOND ACADEMY
College _____

8. Relatives working for the City or County: NONE

9. Occupation: OWNER OF HEALTH INS AGENCY

10. Race: White African-American Asian American
Spanish Surnamed _____ American Indian _____ Other _____

11. List Boards you presently serve on:
1. PIA SCOUTS EXECUTIVE BOARD

2 _____

3 _____

12. List any area in which you have a particular interest or expertise.

LIVING AND INVESTING WY RESOURCES,
IN THE HISTORICAL SECTION OF AUGUSTA