

# MILWAUKEE COUNTY COMMISSION ON AGING



MILWAUKEE  
COUNTY

## MEMBERSHIP APPLICATION FOR COA, COMMITTEE, COUNCIL

### APPLICANT INFORMATION

Application Date: 2/24/2026

Age 60 or Older?  YES  NO

I utilize Milwaukee County Aging Services: **I work daily with the Milwaukee County Owned Senior Centers**

### COUNCILS & COMMITTEES I would like to be considered for membership on the following:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Commission on Aging               | <input type="checkbox"/> Service Delivery Committee | <input type="checkbox"/> Nutrition Advisory Council |
| <input checked="" type="checkbox"/> Aging Advisory Council | <input type="checkbox"/> Senior Center Committee    |   |
| <input type="checkbox"/> Advocacy Committee                | <input type="checkbox"/> Wellness Committee         |   |

### CONTACT INFORMATION

Last Name **Vanblaricum** First Name **Michael** Title **A**  
Address **2846 N 87th ST** Apt City **Milwaukee** ZIP **53222**  
☎ **(414) 317-0814** Mobile ✉ **mvanblaricum@servingolderadults.org**  
☎ **(612) 999-5140** Mobile Organization/Affiliation? **Serving Older Adults of SE WI**

### DEMOGRAPHICS

I identify with the following census demographic group(s): **White/Caucasian** Select One (if applicab  
I identify with the following ethnic group(s): Select One Select One

### STATEMENT OF INTEREST

Describe your interest and involvement with older adults and your motivation for serving on this council/committee/commission:

**My personal mission is to make sure that older adults, can age independently, while retaining their independence for as long as possi**

### COMMENTS/ADDITIONAL INFORMATION

My personal mission is to ensure that older adults can age with independence, autonomy, dignity, and meaningful connection for as long as possible. I believe aging services must extend beyond traditional models and focus on building community-based ecosystems that promote health, access, engagement, and equity.

As President & CEO of Serving Older Adults of Southeast Wisconsin, I work at the intersection of operations, governance, and community partnership. I am particularly interested in advancing strategies that strengthen collaboration between Milwaukee County, nonprofit providers, and community stakeholders to expand access, improve accountability, and ensure long-term sustainability of services for older adults.

I am motivated by both professional experience and personal conviction. Having grown up in a family with limited resources, I understand how critical access to supportive services, housing stability, and community connection can be. I would welcome the opportunity to contribute a strategic, systems-oriented lens to the Advisory Committee's work and help shape a future in which aging in Milwaukee County is not defined by limitation, but by opportunity.

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## MEMBERSHIP APPLICATION FOR COA, COMMITTEE, COUNCIL:

### QUESTIONNAIRE

- T** **F**
- 1   I work for or serve on the Board of Directors of an organization that contracts with Milwaukee County Aging Services.  
Describe: I am President and CEO of Serving Older Adults, who operate the 5 Milwaukee County Owned Senior Centers
- 2   I work for or serve as a provider of health care to older adults.  
Describe:
- 3   I work for or serve as a provider of social or supportive services to older adults.  
Describe: I am President and CEO of Serving Older Adults, who operate the 5 Milwaukee County Owned Se
- 4   I work for or serve as a provider of healthcare or social or supportive services to veterans  
Describe:
- 5   I have prior leadership experience in the private or nonprofit sector.  
Describe: Currently CEO of SOA, Previously COO of Health Care/Senior Living Non-profits
- 6   I am now, or have served in the past, as an elected official.  
Describe:
- 7 Describe any special interests or issue areas related to programs & services for older adults:  
Independence, Mobility & Access
- 8 Describe the talents, skills or experiences that you would contribute to this work:  
Leadership, Strategic Planning, and Aging Advocacy

### STATEMENT OF AGREEMENT

- If appointed, I agree to:
- fully participate in the work of the selected Commission, Board, Council or Committee
  - attend regularly scheduled meetings
  - identify any potential conflict(s) of interest
  - participate within the scope, ethics, rules and laws governing such bodies

I Agree

I CANNOT commit at this time

Signature:

Date: 2/24/2026

### AVAILABILITY

If selected, I would be available for appointment on: 4/1/2026

### OFFICE USE:

Application Received

Applicant Notification

Review Complete

Member Approved

Application Incomplete, Rejected

Applicant Interview

Pending

Official Notification