

MILWAUKEE COUNTY COMMISSION ON AGING



MEMBERSHIP APPLICATION FOR COA, COMMITTEE, COUNCIL

APPLICANT INFORMATION

Application Date: 6/10/2025

Age 60 or Older?

☐

YES

☒

NO

I utilize Milwaukee County Aging Services: **YES**

COUNCILS & COMMITTEES

I would like to be considered for membership on the following:

☐

Commission on Aging

☐

Service Delivery Committee

☐

Nutrition Advisory Council

☐

Aging Advisory Council

☐

Senior Center Committee

☒

Advocacy Committee

☐

Wellness Committee

CONTACT INFORMATION

Last Name King

First Name Kimberly

Title

Address

Apt

City Cudahy

ZIP 53110



Home



Select One

Organization/Affiliation? Cedar Village housing- Woods of Cedar Village

DEMOGRAPHICS

I identify with the following census demographic group(s):

White/Caucasian

White/Caucasian

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:

I am a service coordinator/social worker. I currently work at a HUD subsidized apartment complex.

COMMENTS/ADDITIONAL INFORMATION

I have a vast history working with people of all ethnic, racial, and social demographics. My education includes degrees in education, law enforcement and social work. I have a minor in gerontology. I work extensively with social programs, including Medicare, Medicaid, long-term care options, transportation, food share, stock box programs, and many others. I have 114 residents who I provide services, and advocate for. I believe I would be a valuable asset, to the Advocacy Committee.

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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:
- 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: Service Coordinator for HUD
- 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:
- 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:
I am a service coordinator. I have extensive knowledge of programs available to older adults +
- 8 Describe the talents, skills or experiences that you would contribute to this work:
Vast history in education, law enforcement, and social work +

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:

Kimberly King

Date: 6-10-2025

AVAILABILITY

If selected, I would be available for appointment on: 6/11/2025

OFFICE USE:

☐ Application Received

☐ Applicant Notification

☐ Review Complete

☐ Member Approved

☐ Application Incomplete, Rejected

☐ Applicant Interview

☐ Pending

☐ Official Notification