

MILWAUKEE COUNTY COMMISSION ON AGING



MEMBERSHIP APPLICATION FOR COA, COMMITTEE, COUNCIL

APPLICANT INFORMATION

Application Date:

Age 60 or Older? YES NO

I utilize Milwaukee County Aging Services:

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 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	<input type="text"/>	First Name	<input type="text"/>	Title	<input type="text"/>
Address	<input type="text"/>	Apt	<input type="text"/>	City	<input type="text"/>
	<input type="text"/>		<input type="text"/>	ZIP	<input type="text"/>
	<input type="text"/>	Select Type		<input type="text"/>	
	<input type="text"/>	Select Type	Organization/Affiliation?	<input type="text"/>	

DEMOGRAPHICS

I identify with the following census demographic group(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>
I identify with the following ethnic group(s):	<input type="text"/>	<input type="text"/>	<input type="text"/>

STATEMENT OF INTEREST

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

COMMENTS/ADDITIONAL INFORMATION

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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:

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:

8 Describe the talents, skills or experiences that you would contribute to this 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:

Gloria Miller

Date:

AVAILABILITY

If selected, I would be available for appointment on: _____

OFFICE USE:

Application Received

Applicant Notification

Review Complete

Member Approved

Application Incomplete, Rejected

Applicant Interview

Pending

Official Notification