



Milwaukee County Commission on Aging Application

Membership Application for Milwaukee County Commission on Aging, Advisory Council, and Committees

1. Name

Julia Means

2. Organization / Affiliation (if any)

Ascension WI

3. Email address

4. Phone number - Home

5. Phone number - Mobile

6. Home Address

7. Home City

Milwaukee

8. Home Zip Code

53224

9. Please consider the following information when making your selection below.

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

☒ Aging Advisory Council

11. I am 60 years of age or older:



- ☒ Yes
- ☐ No

12. I utilize service(s) provided by the Milwaukee County Department on Aging:

- ☐ Yes
- ☒ No

13. I identify with the following census demographic groups:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White or Caucasian

14. I identify with the following ethnicity

- ☐ Hispanic, Latino, Spanish
- ☐ Hmong
- ☒ Other

15. Do you work for or serve on the Board of Directors of an organization that contracts with the Milwaukee County Department on Aging? If so, please specify.

No, but I currently serve on the Hunger Task Force Board of Directors.

16. Do you work for or serve as a provider of health care to older adults? If so, please specify. *Yes, I work for Ascension Healthcare of WI as a Community, Parish Nurse.*

17. Do you work for or serve as a provider of social or supportive services to older adults? If so, please specify. *Yes, in the same capacity with Ascension Healthcare.*

18. Do you work for or serve as a provider of healthcare or social services to veterans? If so, please specify. *No*

19. Do you have prior leadership experience in the private or nonprofit sector? If so, briefly describe.



Yes, I worked as the Administrator Representative for the hospital on the PM and night shifts. I managed staff and handled any emergencies that came up. I also served on the City of Milwaukee Board of Health.

20. Are you now, or have you served in the past, as an elected official? If so, please specify.
No, I have not.

21. Please briefly describe your interest in and involvement with older adults in Milwaukee County.

I was born and raised in Milwaukee. I understand the hard times that many of our seniors endured, living and working in Milwaukee. I also have the knowledge of many of the chronic diseases that they have because of their environment. I have great love and respect for the seniors of Milwaukee.

22. Do you have any special interests or issue areas relating to programs and services for older adults?

I am open and willing to serve as needed.

23. Please briefly describe the talents, skills, or experiences that you would contribute to this work.

I am a Registered Nurse and have worked in healthcare for over 50 years.

24. If appointed, I agree to participate fully in the work of the select Commission, Board, Council, or Committee, attend regularly scheduled meetings, identify any potential conflict of interest, and participate within the scope, ethics, rules, and laws governing such bodies.

- ☒ I agree
- ☐ I cannot commit at this time

25. I will be available for appointment on: *I can start soon.*