



## Area Agency on Aging Advisory Council Member Application

**Are you a participant in a local aging program; a family caregiver; service provider; representative of the aging and disabled business community; veteran; or member of the public age 60 or older?**

If you answered yes, joining the Area Agency on Aging Advisory Council can offer you with an opportunity to provide guidance and recommendations on the needs, planning, and evaluation of services for older adults.

If you are interested in serving as a volunteer member or would like more information about the Area Agency on Aging, please return this application to:

Monterey County Department of Social Services  
Attn: Area Agency on Aging Council Coordinator  
1000 South Main Street, Suite 211-C  
Salinas, CA 93901  
Fax: (831) 757-9226

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I am interested in becoming a member of the Council because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please select one or more of the following:**

- I am 60 years of age or older
- I am Disabled
- I am a low income representative
- I am a rural county resident
- I am a recipient or consumer of home health care services.
- I am a Social Services Provider

- I am lesbian, gay, bisexual, transgender (LGBT)

**PLEASE CHECK ONE OF THE FOLLOWING:**

- White    Black    Hispanic
- Asian/Pacific Islander
- Native American    Other \_\_\_\_\_

1000 South Main Street, Suite 211-C, Salinas, CA 93901  
(800) 510-2020 / (831) 755-4466 / Fax: (831) 757-9226

How much time, each month, can you be available for Council activities?

Special interests and projects you would like to work on with the Council.

Are you currently employed by, serve as a County Commission member, or volunteer for a senior services agency?

Yes

No

If yes, please name the agency and explain what you do:

All information requested on this form will be kept strictly confidential.