

COUNCIL MEMBER APPLICATION
MONTEREY COUNTY AREA AGENCY ON AGING (AAA)

NAME: _____
ADDRESS: _____ MAILING IF DIFFERENT: _____
CITY, STATE, ZIP: _____
HOME PHONE: (____) _____ WORK: (____) _____ FAX (____) _____
EMAIL & WEBSITE: _____

Volunteers to the AAA Council are required by federal and state laws to reflect the demographic characteristics of Monterey County. Please answer the following questions to assure compliance with these requirements:

AGE: under 60 [] over 60 []

Please check the appropriate box:

White	[]	Asian/Pacific Islander	[]
Black	[]	Native American/Alaskan Native	[]
Hispanic	[]	Other (Identify)	[] _____

Number of people in your household: _____ Approximate annual income: _____

Are you a caregiver for a minor relative, a senior or disabled adult? _____

Other Community Representation:
(Check all that apply)

- Disabled
- Supportive Service Provider
- Health Care Provider
- Private and voluntary sector leader
- Low income representative
- Local elected official

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

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 Board/Commission member, or volunteer with a local senior service agency? _____

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

**Return to: AREA AGENCY ON AGING of MONTEREY COUNTY
 ATTN: Marilyn Remark, Program Manager
 713 LaGuardia Street, Suite A
 SALINAS, CA 93905
 remarkmr@co.monterey.ca.us
 FAX (831) 783-7021
 Phone (831) 755-3467**

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