

Advisory Council Membership Application

Return Completed Application To:
 Community Services Program Coordinator II
 201 NE 73rd Street
 Vancouver, WA 98665

County of Residence: Clark Cowlitz Klickitat Skamania Wahkiakum

How many years have you resided in this county? _____

NAME _____

ADDRESS _____

Home Phone _____ Cell Phone _____

Email _____

Present Occupation _____ Business Phone _____

Please Check ALL That Apply:

- | | |
|---|---|
| <input type="checkbox"/> I am 60 years of age or older
<input type="checkbox"/> I have a disability
<input type="checkbox"/> I am a member of a racial minority (other than Caucasian)
<input type="checkbox"/> I am a locally elected official
<input type="checkbox"/> I (or a member of my family) am an Employee, Governing Board Member, Trustee, Advisory Council Member, Volunteer of a provider agency which receives funds from AAADSW or potential bidder for a AAADSW service contract and funding
<input type="checkbox"/> I have directly received or benefited from AAADSW funding in the past 5 years by employment, contract, grant or involvement with an organization which received funds | <input type="checkbox"/> I have leadership experience in private or non-profit organizations
<input type="checkbox"/> I am a member of a health care / supportive service provider
<input type="checkbox"/> I am a family caregiver |
|---|---|

EDUCATION		
SCHOOL	MAJOR	GRADUATION DATE / DEGREE

COMMUNITY SERVICE EXPERIENCE		
ORGANIZATION	DATES SERVED	POSITION

Other Relevant Experience / Expertise:

Check the area(s) of interest you hope to address as a member of the Advisory Council.

<input type="checkbox"/>	Quality of services	<input type="checkbox"/>	Residential & nursing home issues
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Support for family caregivers
<input type="checkbox"/>	Medicare/Medicaid	<input type="checkbox"/>	Social Security
<input type="checkbox"/>	In-home personal care	<input type="checkbox"/>	Adult Day Care
<input type="checkbox"/>	Provider qualifications & training	<input type="checkbox"/>	Consumer protections
<input type="checkbox"/>	Legislation/Policies	<input type="checkbox"/>	Access to health care
<input type="checkbox"/>	Developing/expanding programs and services	<input type="checkbox"/>	Building age friendly communities
<input type="checkbox"/>	Other:		

What Would Be Your Goal as a Council Member?

What Do You Feel You Could Contribute to See These Goals Realized?

Please use additional paper if necessary

Would you require any accommodations to enable you to attend meetings and events? If yes, please specify:

List Two Local References, Their Phone Numbers and Relationship (Personal, Professional):

Do You Have Other Abilities and Talents That You Would Enjoy Contributing To The Council (Public Speaking, Writing, Researching, Event Planning)?

I understand the Member Responsibilities and am aware that this appointment will entail 2 to 6 hours per month (in addition to travel time for meetings and events) of active involvement in Advisory Council meetings and committee activities.

Signature

Date