

Advisory Council Membership Application

Return Completed Application To:
 Community Services Manager
 201 NE 73rd Street, Ste. 201
 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 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 care giver |
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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.

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

Please List Two Local References and Their Phone Numbers:

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