AGING SOLUTIONS BOARD MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	E-mail:	Phone:
Address:		
City:	County:	ZIP Code:
Length of residency:	Gender:	Race:

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
City:	County:	ZIP Code:
Position:		

CURRENT MEMBERSHIPS / VOLUNTEER INFORMATION

Organizations:	Offices / Committees:	Dates:

PAST MEMBERSHIPS / VOLUNTEER ROLES

Organizations:	Offices / Committees:	Dates:

AGING SOLUTIONS BOARD MEMBERSHIP APPLICATION

WHY ARE YOU INTERESTED IN SERVING ON THE AGING SOLUTIONS BOARD?

WHAT DO YOU SEE AS THE NEEDS OF OLDER ADULTS IN YOUR COMMUNITY?

YOUR AVAILABILITY

The Aging Solutions Board meets four times a year, dates are variant, time is typically 2pm - 3:30pm.

Send application to: **Aging Solutions Manager**
COAAA
3776 S. High St.
Columbus, OH 43207

Phone: 614-645-7250
Fax: 614-645-3884
E-mail: coaaa@coaaa.org