

# COAAA ADVISORY COUNCIL MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:					
Date of Birth:					
Email:					
Phone:		Phone Type:			
Address:					
City:		County:		ZIP Code:	
Length of Residency:		Gender:		Race:	
Which Central Ohio County will you represent on the Advisory Council? <small>(Members must reside or serve in a county to act as a representative)</small>					
Are you currently employed?	Yes	No			
Are you retired?	Yes	No			
Are you currently receiving services through COAAA?	Yes	No			
If so, which program?					
Are you receiving services from another agency?	Yes	No			
Are you a caregiver?	Yes	No			

## MEMBERSHIPS / VOLUNTEER INFORMATION (PAST AND CURRENT)

Organization	Offices/Committees	Dates

## APPLICATION QUESTIONS

WHY ARE YOU INTERESTED IN SERVING ON THE COAAA ADVISORY COUNCIL?

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