

**Commission on Aging - Missaukee County
Board Membership Application**

NAME _____

ADDRESS _____

CITY _____ COUNTY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____

AGE RANGE _____ 30-40 _____ 40-50 _____ 50-60 _____ OVER 60

PRESENT OR PREVIOUS EMPLOYMENT _____

POSITION(S) _____

GENERAL RESPONSIBILITIES _____

VOLUNTEER ACTIVITIES _____

COMMUNITY INVOLVEMENT AND INTERESTS _____

What other Boards have you served on or are currently serving on?

What prompted your interest to apply for the COA Board Membership?

Describe your personal or professional expertise and/or interest in the field of aging.

What do you identify as major issues regarding the elderly and aging programs?

As a COA Board member, how can you best represent/advocate for the needs of the elderly in your County?

Do you have some specific goals that you would like to see the COA accomplish in the next two years?

Additional information or comments you would like to make?