



Central MN
Council on Aging

cmcoa

Supporting our aging community

Central Minnesota Council on Aging Advisory Committee Application

Name:	
Address:	
City, State, Zip Code:	
Phone:	Email:

If you are an agency representative; name of agency and service area:

Describe your interest in serving on the CMCOA Advisory Committee:

Describe ways that you have become involved with or have been informed about aging:

**Provide your affiliation or involvement with any informal group or local organization in your area.
Include any boards, committees, or councils that you currently serve on or have served on in the past:**

Describe any personal or professional strengths that you possess that would benefit the CMCOA Advisory Committee. (e.g. grant writing, financial management, volunteer management)

Are you a provider of services for older adults? Yes No
If so, what services:

Does some or all of your funding come from the Older Americans Act, frequently referred to as Title III? Yes No

Are you an elected official of a public office? Yes No
If yes, list title and term of office.

Fifty percent of this committee will be consumers over the age of 60. Are you over 60 years old? Yes No

Which race or ethnicity best describes you?

American Indian or Alaskan

Native Asian or Asian American

White or Caucasian

A race/ethnicity not listed here

Hispanic or Latino

Black or African American

Native Hawaiian or Pacific Islander

Multiracial or Biracial

Prefer not to answer

Additional information you wish to provide:

References from two individuals willing to recommend your application:

Name:	
Address:	
City, State, Zip Code:	
Phone:	Email:

Name:	
Address:	
City, State, Zip Code:	
Phone:	Email:

Please sign and date your application:

(Signature)

(Date)

Submit to: Lori Vrolson, Executive Director
Central MN Council on Aging
250 Riverside Avenue North, Suite 300
Sartell, MN 56377

Lori@cmcoa.org
Fax: 320.253.9576