



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:

Does some or all of your funding come from the
Older Americans Act, frequently referred to as Title III?

Yes

No

Describe your interest in serving on the CMCOA Advisory Committee:

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

Do you have leadership (paid or voluntary) experience? Please describe:	Yes	No
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Are you an elected official of a public office? (e.g. city council, school board, township board, etc.) If yes, list title and term of office.	Yes	No
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Are you over 60 years old?	Yes	No
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Are you a caregiver of an older adult or grandchild, family member, neighbor, or friend? (e.g. help with grocery shopping, yard work, washing laundry, preparing meals, etc.)	Yes	No
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Please specify your race (select all that apply):

American Native or Alaskan Native

Asian

Other (please specify):

Black or African American

Native Hawaiian or Pacific Islander

White

Please specify your ethnicity:

Hispanic or Latino

Not Hispanic or Latino

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
3333 W Division Street, Suite 217
St. Cloud, MN 56301