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:

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? ☐ **Yes** ☐ **No**
Please describe:

Are you an elected official of a public office?
(e.g. city council, school board, township board, etc.) ☐ **Yes** ☐ **No**
If yes, list title and term of office.

Are you over 60 years old? ☐ **Yes** ☐ **No**

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**

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

Or email: lori.vrolson@cmcoa.org

Phone: 320.253.9349