

# RIVERSIDE COUNTY ADVISORY COUNCIL ON AGING

## APPLICATION FORM

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

\_\_\_\_\_  
E-MAIL: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE COUNCIL? \_\_\_\_\_

PAST/PRESENT OCCUPATION \_\_\_\_\_

### Information needed to fulfill the requirements of the Older Americans Act:

DOB: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_

PLEASE attach a separate sheet if additional space is needed to answer the following questions:

#### 1. Please list your community affiliations/networks:

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#### 2. Please list your advocacy experience:

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**3. Please list your volunteer experience:**

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**4. What issues are you aware of that affect Older Adults or adults with disabilities? Which issue(s) are most important to you?**

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**Required Membership Duties:**

- Attend all Council meetings
- Serve and actively participate on at least one (1) committee
- Actively participate in advocacy, act as a local and county-wide ambassador
- Attend and assist at Council conferences and other events
- Act as a liaison

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**In addition to this application, please attach a resume and return to:**

**Office on Aging, c/o Director**

**P.O. Box 2099**

**Riverside, CA 92516**

**Telephone: (951) 867-3800, or (800) 510-2020 (within County)**

**Fax: (951) 867-3830**

**Email: [rcaging@rcaging.org](mailto:rcaging@rcaging.org)**

**Website: [www.rcaging.org/advisorycouncil](http://www.rcaging.org/advisorycouncil)**