

RIVERSIDE COUNTY ADVISORY COUNCIL ON AGING

APPLICATION FORM

FIRST NAME: _____ LAST NAME _____

ADDRESS _____ CITY _____

ZIP _____

TELEPHONE _____ (Primary) _____ (Secondary)

EMAIL _____ @ _____

HOW DID YOU HEAR ABOUT THE COUNCIL _____

PAST/PRESENT OCCUPATION _____

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

DATE OF BIRTH _____ ETHNICITY (i.e. White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander) _____

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

1. Please list your community affiliations/networks:

2. Please list your advocacy experience:

3. Please list your volunteer experience (i.e. community presentations, service to others, etc.)

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

Required Membership Duties:

- Attend all Council meetings (September – June; 4 hour meetings)
- Serve & actively participate on at least one Standing Committee (Healthy Living; Community Connections; Long Term Services and Support Advisory Group; and/or, Grandparents Raising Grandchildren)
- Actively participate in advocacy, act as 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
6296 River Crest Drive, Suite K
Riverside, CA 92507**

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

Fax: 951-867-3830

Email: rcaging@rcaging.org

Website: www.rcaging.org